



**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: 07/27/2019 to 08/26/2019

1. Committee I.D. Number
46797

2. Committee Name
Yanice Jackson for Lansing

4. Candidate Last Name **Jackson-Long** First Name **Yanice** M.I. **Y**

4a. Office Sought Including District # or Community Served (if applicable)

4b. County of Residence **INGHAM**

5. Committee's Mailing Address
P.O. Box 27334, Lansing MI 48909

Area Code and Phone 517-258-8310

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.

6. Treasurer's Name & Residential Address
Ian Sanwald
1407 Elmwood
Lansing, MI 48917

RECEIVED
SEP 26 2019

Area Code & Phone **INGHAM COUNTY CLERK'S OFFICE**

7. Treasurer's Business Address
Ian Sanwald
1407 Elmwood
Lansing, MI 48917

Area Code and Phone 269-924-8183

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
08/06/2019

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

F2019-0572
9/26/19 7:53 AM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

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 **Ian Sanwald** Signature _____ Date **09/26/2019**

Candidate **Yanice Jackson-Long** Signature *Yanice Jackson-Long* Date **09/26/2019**



1. Committee I.D. Number 46798

2. Committee Name Yanice Jackson for Lansing City Council

**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>1250</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1250</u>	(18.) \$ <u>9541.45</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>287.88</u>	(21.) \$ <u>287.88</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1361.61</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1361.61</u>	(23.) \$ <u>8754.46</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.) \$ _____	
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>842.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2092.15</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1361.61</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>730.54</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46797
2. Committee Name Yanice Jackson for Lansing City Co

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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/30/2019</u>	
Name & Address: IBEW Local 665 5205 S Pennsylvania Ave, Lansing, MI 48911		\$ <u>250</u>	\$ <u>250</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2019</u>	
Name & Address: Schertzing Nancy 236 Kedzie St East Lansing, MI 48823		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2019</u>	
Name & Address: Hughes Carmen 17686 Veronica Ave Eastpointe MI 48021		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Unemployed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/28/2019</u>	
Name & Address: Zeineh Edwar 2800 E Grand River Suite B Lansing		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$500.00

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 46797
2. Committee Name Yanice Jackson for Lansing City Co

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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/2019</u>	
Name & Address: Carter Johnson Frances 302 Ferndale Place Oxen Hill, MD 20745		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Research Analyst</u> Employer <u>National Institute of Health</u> Business Address <u>330 Independence Ave SW, Washington, DC 20201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/22/2019</u>	
Name & Address: Hankerson, Shenika 10159 Marshall Pond Road Burke VA East Lansing, MI 48823		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>University of Maryland</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2019</u>	
Name & Address: Corbin, Sally 102 E Main Street, Harbor Springs, Michigan		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Union Services Agency</u> Business Address <u>119 Pere Marquette, Suite 1A Lansing MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/28/2019</u>	
Name & Address: Amedeo, William 2800 E Grand River Suite B Lansing		\$ <u>150</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ann Arbor Legal</u> Business Address <u>2500 Packard Ave, Ann Srbor MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$650.00**

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 46797
2. Committee Name Yanice Jackson for Lansing City Co

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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/2019</u> Name & Address: Bonham Jeruelia One Locust Lane Lansing Over Hill, MD 20745 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Hankerson, Shenika 10159 Marshall Pond Road Burke VA East Lansing, MI 48823 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Corbin, Sally 102 E Main Street, Harbor Springs, Michigan 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Amedeo, William 2800 E Grand River Suite B Lansing 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal	\$100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,250

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 46797
2. Committee Name Yanice Jackson for Lansing City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Amazon.com Address 410 Terry Ave. N, Seattle, WA 98109 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink for Printer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/19</u> Date	<u>\$ 26.38</u>
Expenditure #2 Name The Chronicle News Address 2836 E Grand River Ave East Lansing, MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising Package</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/19</u> Date	<u>\$ 500</u>
Expenditure #3 Name Biggby Coffee Address 500 E Michigan Ave, Lansing, MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coffee Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/19</u> Date	<u>\$ 1.90</u>
Expenditure #4 Name The City of Lansing Address 126 W Michigan Ave Lansing, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Reports</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/19</u> Date	<u>\$ 10.00</u>
Expenditure #5 Name Keystone Millbrook Address 3540 Jefferson Hwy, Grand Ledge, MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers/Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/26/19</u> Date	<u>\$ 458.90</u>

Subtotal this page **\$997.18**
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 46797
2. Committee Name Yanice Jackson for Lansing City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook.com Address 1601 Willow Rd. Menlo Park, CA 94025 <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>08/01/11</u> Date	<u>\$ 24.22</u> Click Here for Memo Itemization Type
Expenditure #2 Name Strange Matter Address Washington Square Lansing, MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coffee Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/11</u> Date	<u>\$ 8.29</u> Click Here for Memo Itemization Type
Expenditure #3 Name Dan's Coney Island Address 5600 S Pennsylvania Ave Lansing, MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coffee Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/11</u> Date	<u>\$ 6.36</u> Click Here for Memo Itemization Type
Expenditure #4 Name Keystone Millbrook Address 3540 Jefferson Hwy, Grand Ledge, MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/11</u> Date	<u>\$ 204.19</u> Click Here for Memo Itemization Type
Expenditure #5 Name Act Blue Address 366 Summer Street, Somerville, MA 02144. <input type="checkbox"/> Fund Raiser	Purpose: <u>Disbursement Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/11</u> Date	<u>\$ 23.44</u> Click Here for Memo Itemization Type

Subtotal this page **\$266.50**
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 46797
2. Committee Name Yanice Jackson for Lansing City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Dollar Tree Address 4210 S Cedar St Lansing Mi <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>08/06/11</u> Date	<u>\$ 8.24</u>
Expenditure #2 Name Meijer Address 5125 W Saginaw Hwy Lansing Mi <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>08/20/11</u> Date	<u>\$ 39.69</u>
Expenditure #3 Name Trina Austin Morrison Address 5600 S Pennsylvania Ave Lansing, MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Work</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/11</u> Date	<u>\$ 50.00</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$97.93**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,361.67**

Enter this total on line 8a of Summary Page