

F2019-0363 7/22/19 8:43 AM Page 1 of 1 CAMP \$0.00 Barb Byrum, Ingham County Clerk

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JUL 22 2019

CANDIDATE COMMITTEE COVER PAGE

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ENGHAM COUNTY CLERK'S OFFICE

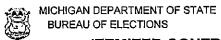
| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and co | signed by andidate. | 3. This Statement covers From | n: 01/01/19 | to 07 | /21/19 |
|--|----------------------------------|--|---------------------------------------|-----------------|---|
| 1. Committee I.D. Number | · | 4. Candidate Last Name | Fire | st Name | M.Í. |
| 46246 | | Jody | Washir | ıgton | |
| 2. Committee Name | | 4a. Office Sought Including Dis | | ity Served (If | applicable) |
| Jody Washington for City C | ouncil | 4b. County of Residence ING | НАМ | | |
| 5. Committee's Mailing Address | <u> </u> | 6. Treasurer's Name & Reside | ntial Address | | |
| 521 Nantucket | | Frank Washington | | | |
| Lansing, MI 48906 | | 521 Nantucket | | | |
| | | Lansing, MI 48906 | | | |
| Area Code and Phone (517) 393-2799 | | | | | ÷ |
| If the address in this box is different from the comm mailing address on the Statement of Organization, to be sent to this address by the filing official. | ittee mail may | Area Code & Phone (517) 39 | 3-2799 | | <u>.</u> |
| 7. Treasurer's Business Address | | Designated Record Keeper Designated Record Keeper) | 's Name and Addre | ss (if the cor | mmittee has a |
| Retired | | Jody Washington | | | |
| | | 521 Nantucket | | | |
| | | Lansing, MI 48906 | | | |
| | | _ | | | · |
| (547) 000 0700 | | /547 | | | |
| Area Code and Phone (517) 393-2799 | <u> </u> | Area Code and Phone (517 |) 393-2799 | | |
| 9. TYPE OF STATEMENT | Required Of | NLY if candidate | 9e. Dissolution | of Candidat | e Committee |
| 9a. Pre-Election OR 9b. Post-Election | | ballot for the | by the committee | to the candid | e certify any outstanding debt date or his or her spouse is here |
| Pre-Election or Post-Election Statement relates to: | | | by discharged an | d forgiven, ar | nd no longer collectible from e has no oustanding assets, |
| ⊠Primary . | July Quart | eny | owes no lates fee | | |
| General | October C | Quarterly | Further, if the diss | solution cann | ot be granted, that this be |
| Convention | | | considered a requ | est for the R | eporting Waiver. |
| ☐Special | 9c. Annua | al Statement () | | | |
| School | | Coverage Year | Effectiv | re date of diss | solution · |
| Caucus | | dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to | | | |
| | | te which Statement is being | Note: The dispos Schedule 1B and | | ual funds must be reported on ry Page. |
| Date of Election, Convention or Caucus | | , | | | |
| 08/06/19 | ļ. | | | | |
| | | | | | |
| | | | | | * . |
| 10. Verification: I/We certify that all reasonable diligony/our knowledge and belief the contents are true, | ence was used accurate and co | in the preparation of this statem omplete. | ent and attached s | chedules (if a | any) and to the best of |
| Current Treasurer or Designated Record keeper Jody Washing | gton | 1 radio 10 | J X X | 21 | 07/22/2019 |
| Type or Print Name | _ | Signature | - La | Date - | |
| Candidate Jody Washington | | e de | 10 ash | X | 07/22/2019 |
| Type or Print Name | | Signature | · · · · · · · · · · · · · · · · · · · | S Date - | |
| Authority granted under P.A. 388 of 1976 | | | | | |

| 1. | Committee | I.D. | Number | 46246 |
|----|-----------|------|--------|-------|
|----|-----------|------|--------|-------|

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Jody Washington for City Council

| CANDIDATE COMMITTEE | | |
|--|---|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | Same and and and an opposite the same and an arrangement of the same and an arrangement of the same and arrangement of the same and arrangement of the same arrangement of the |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 7,500.00 | · |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$_\$7,500.00 | (18.) \$ \$7,500.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$0.00 | (19.) \$ \$0.00 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$\frac{\$7,500.00}{} | (20.) \$ \$7,500.00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | • |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>\$589.75</u> | (21.) \$ \$589.75 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _\$0.00 | (22.) \$ \$0.00 |
| EXPENDITURES | | |
| 8. Expenditures | • | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ _\$2,292.04 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$2,292.04 | (23.) \$ \$2,292.04 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ \$0.00 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ \$0.00 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ \$0.00 | (24.) \$ \$0.00 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ \$1,100.00 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ \$1,100.00 | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE | ### BALANCE STATEMENT (13.) \$ \$2,450.06 (14.) + \$ \$7,500.00 (15.) = \$ \$9,950.00 (16.) - \$ \$2,292.04 | - - |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$7,657.96 | - * |



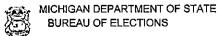
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46246

2. Committee Name Jody Washington for City Council

| 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 04/16/19 | | |
| Plumbers & Pipefitters - Local 333 5405 S. Martin Luther King, Jr. Blvd Lansing, MI 48911 | _{\$} 5000.00 | _{\$} 5000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | : | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/10/19 Name & Address | | |
| IBEW Local 352 3315 S. Pennsylvania Lansing, MI 48901 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? ✓ YES 4. Date of Receipt 06/18/19 Name & Address: | | |
| IBEW Local 665 5205 S. Pennsylvania Lansing, MI 48911 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/03/19 Name & Address | | |
| Jim L. Herbert 1704 Jerome Street Lansing, MI 48912 | _{\$} 1000.00 | _{\$} 1000.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation CEO Employer NeoGen | | • |
| Business Address 6210 Lesher Place, Lansing, MI 48912 | | , |
| Type of Contribution: Virect Loan from a person Fund Raiser | | • |
| Page Subtotal Grand Total of All Schedules 1A | \$7,000.00 | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _

46246

2. Committee Name Jody Washington for City Council

| 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 06/30/19 Name & Address: | | |
| Gregory L. Ward 2810 N. Cambridge Road Lansijng, MI 48911 5. If over \$100.00 cumulative, please provide: | _{\$} 250.00 | _{\$} 250.00 |
| Occupation HR Professional Employer Consumer Energy | Click Here f | or Memo Itemization |
| Business Address One Energy Plaza, Jackson, MI 49201 | | |
| | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/10/19 Name & Address | | |
| Kenneth M. Ross 1408 Cambridge Road Lansing, MI 48911 | _{\$} 250.00 | \$ 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | or Memo Itemization |
| Occupation VP & Council - Gvt Relations Employer John Hancock | | |
| Business Address 201 Townsend St, Lansing, MI 48933 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: | - | |
| 5. If over \$100.00 cumulative, please provide: | \$Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address | | |
| | \$ | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtota | al \$500.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule | | |
| (Complete on last page of scriedule | Enter this total on | |

Page 2 of 2

Page.



ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number 46246

2. Committee Name Jody Washington for City Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-------------------|--------------------------|
| Expenditure #1 | | • | - |
| Name Keystone Millbrook | | 05/08/19 | s 493.70 |
| Address | Purpose: Literature | Date | |
| 3540 Jefferson Highway | Click F | lere for Memo I | temization Type |
| Grand Ledge, MI 48837 | l — | | 19 m. Landin 19 p. d. |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | . * |
| Expenditure #2 | | | |
| Name Keystone Millbrook | | 07/03/19 | \$ 845.23 |
| Address | Purpose: Yard Signs & Wires | Date | <u> </u> |
| 3540 Jefferson Highway | Click F | lere for Memo I | temization Type |
| Grand Ledge, MI 48837 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Keystone Millbrook | | 07/11/19 | s 345.31 |
| Address | Purpose: Mailing | Date | <u> </u> |
| 3540 Jefferson Highway | | lere for Memo I | temization Type |
| Grand Ledge, MI 48837 | l | iere ioi Michio i | termization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name Keystone Millbrook | | 07/18/19 | 227.00 |
| Address | Purpose: Literature | Date | \$ <u>607.80</u> |
| Address | Purpose: | | |
| 3540 Jefferson Highway Grand Ledge, MI 48837 | Click F | lere for Memo l | temization Type |
| Grand Ledge, Wir 40007 | Check box if this expenditure is payment of | | - |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | - | |
| Name | | | |
| Address | Purpose: | Date | \$ |
| | | | |
| | Click I Check box if this expenditure is payment of | nere ior Memo I | Itemization Type |
| Fund Raiser | debt or obligation reported on previous statement | | |
| | Subto | otal this page | \$2,292.04 |
| | Grand Total of all (Complete on last page | | \$2,292.04 \$2,292.04 |

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 46246

| CANDIDATE COMM | IITTEE 2. Committee Name Jody Washingto | on i | for City Cou | ncil |
|--|--|--------------|--------------------------------------|--|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | ге | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: Practical Political Consulting, Inc. 920 N. Washington Avenue Lansing, MI 48906 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAI ☐ Description VOTECAST & Walking Cards 5. Date Of Receipt: 04/04/19 6. Vendor Name & Address: | * .N - | 589.75 k Here for Memo I | \$ 589.75 emization |
| Fund Raiser Contribution | | | | |
| Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description 5. Date Of Receipt: 6. Vendor Name & Address: | | k Here for Memo (| temization |
| Fund Raíser Contribution | | O.O. | ic rigid to mond | |
| Contribution #3 PAC Receipt? Yes Name & Address: | 4. | | | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | _ | k Here for Memo I | temization |
| Fund Raiser Contribution | | | | |
| | Page Subt | total | \$589.75 | \$589.75 |

Enter this total on line 6 of Summary Page

\$589.75

Grand Total of all Schedules 1-IK

(Complete on last page of Schedule)

Page 1 of 1



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 46246

Jody Washington for City Council

| CANDIDATE COMMITTEE 2.9 | Committee Name 500y VVaS | Tilligion for City C | | |
|--|--|---|--|--|
| This Schedule itemizes: | | · | | |
| a Debts and obligations owed by or forgiven the con (Che | nmittee OR b. 🗹 Debt eck either a or b. Use only for the pu | s and obligations owed <u>to</u> or | r forgiven <u>by</u> the cor | nmittee, |
| 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: | 4. Type: Loan | 11/19/15 _{\$} 4,000.00 | | |
| Jody Washington 521 Nantucket Lansing, MI 48906 | 5. <u>Date Debt Was Incurred</u> : 06/17/15 6. <u>Original Amount of Debt</u> : \$_5,000.00 | \$ \$ \$ | \$ <u>4,000.00</u> | \$1,000.00_ FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | unt Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: Jody Washington | 4. Type: Loan 5. Date Debt Was Incurred: | \$ | | |
| 521 Nantucket Lansing, MI 48906 | 09/26/2017 6. Original Amount of Debt: \$ 100.00 | \$ \$ \$ | \$ | \$_100.00 |
| If bank loan, name of endorser or guarantor: | | \$Am | ount Endorsed: \$_ | FORGIVEN |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: | \$ \$ \$ | \$ | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | nount Endorsed: \$_ | |
| | | Page Subtotal | (Outstanding debt) | \$1,100.00 |
| (0 | Complete on last page of Schedule s | Grand Total of the howing amounts owed by o | of all Schedules 1E r to the committee) | \$1,100.00 |
| A daht or abligation must be shown on this Sahad | of these was an extending | | | Enter this total on line 12a "owed by"" or line 12b |

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.

"owed to" of the Summary Page