



**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: 07/22/19 to 08/26/19

<p>1. Committee I.D. Number 46246</p> <p>2. Committee Name Jody Washington for City Council</p>	<p>4. Candidate Last Name <u>Washington</u> First Name <u>Jody</u> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Lansing City Council - 1st Ward</p> <p>4b. County of Residence INGHAM</p>
<p>5. Committee's Mailing Address 521 Nantucket Lansing, MI 48906</p> <p>Area Code and Phone <u>(517) 393-2799</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name & Residential Address Frank Washington 521 Nantucket Lansing, MI 48906</p> <p>Area Code & Phone <u>(517) 393-2799</u></p>
<p>7. Treasurer's Business Address Retired</p> <p>Area Code and Phone <u>(517) 393-2799</u></p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Jody Washington 521 Nantucket Lansing, MI 48906</p> <p>Area Code and Phone <u>(517) 393-2799</u></p>

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<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/06/19</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> 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><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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>Jody Washington</u> Type or Print Name</p>	<p><u>Jody Washington</u> Signature</p>	<p>Date <u>09/29/2019</u></p>
<p>Candidate <u>Jody Washington</u> Type or Print Name</p>	<p><u>Jody Washington</u> Signature</p>	<p>Date <u>09/29/2019</u></p>

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 9/30/19 10:27 AM Page 1 of 1
 Barb Byrum, Ingham County Clerk



1. Committee I.D. Number 46246

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Jody Washington for City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,625.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,625.00</u>	(18.) \$ <u>\$15,150.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$6,625.00</u>	(20.) \$ <u>\$15,150.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$589.75</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,088.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,088.90</u>	(23.) \$ <u>\$10,417.55</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$6,100.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$7,658.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$6,625.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$14,283.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,088.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$12,194.12</u> *	



**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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/19</u> Name & Address: Jody Washington 521 Nantucket Lansing, MI 48906		\$ <u>5000.00</u>	\$ <u>5988.85</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Dept Spl</u> Employer <u>MDOC</u> Business Address <u>206 E. Michigan, Lansing, MI 48909</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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>07/31/19</u> Name & Address: Patty Farhat 2501 Hampden Road Lansing, MI 48911		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/06/19</u> Name & Address: Lansing Regional Chamber of Commerce 500 E. Michigan Avenue Lansing, MI 48912		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>500 E. Michigan Avenue, 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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/16/19</u> Name & Address: IBEW PAC Voluntary Fund 900 Seventh Street, NW Washington DC		\$ <u>1000.00</u>	\$ <u>1000.00</u>
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 **\$6,600.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/22/19</u> Name & Address: <u>Rebecca Bahar-Cook</u> <u>525 Westmoreland</u> <u>Lansing, MI 48915</u>	\$ <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	Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
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 _____	\$ _____	\$ _____
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 _____	\$ _____	\$ _____
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 **\$25.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$6,625.00**

Enter this total on
line 3a of Summary
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 Millbrooks Address Jefferson Highway Grand Ledge, MI <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>07/22/19</u> Date	<u>\$ 602.27</u> Click Here for Memo Itemization Type
Expenditure #2 Name Keystone Millbrooks Address Jefferson Highway Grand Ledge, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/19</u> Date	<u>\$ 784.17</u> Click Here for Memo Itemization Type
Expenditure #3 Name Keystone Millbrooks Address Jefferson Highway Grand Ledge, MI <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>07/29/19</u> Date	<u>\$ 702.46</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page	\$2,088.90
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,088.90
Enter this total on line 8a of Summary Page	



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46246
2. Committee Name Jody Washington for City Council

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Jody Washington 521 Nantucket Lansing, MI 48906	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	11/29/15 \$ 4,000.00 \$ \$ \$ \$	\$ 4,000.00	\$ 1,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jody Washington 521 Nantucket Lansing, MI 48906	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/26/2017</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jody Washington 521 Nantucket Lansing, MI 48906	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/30/2019</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 5,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$6,100.00**

Grand Total of all Schedules 1E **\$6,100.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: 46246
2. Your Committee Name: Jody Washington for City Council
3. Date Late Contribution(s) Received: 07/30/19 (Only one Date per Sheet)

<ul style="list-style-type: none"> Late Contribution Reports are required when a <ul style="list-style-type: none"> Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See <u>Appendix G</u> of the Campaign Finance Manual. Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee. Late Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official. Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>. The Late Contribution must also be reported on the next Campaign Statement owed by the committee. 	
<p>4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.</p> <p>Contributor Name and Address: <u>Jody Washington</u> <u>521 Nantucket</u> <u>Lansing, MI 48906</u> (If Individual, also provide:) Occupation <u>Dept Spl</u> Employer / Business Address <u>MDOC - 206 E. Michigan Avenue, Lansing</u></p>	<p>5. Cumulative Amount during LCR Period.</p> <p>\$5,000.00</p>
<p>Contributor Name and Address:</p> <p>(If Individual, also provide:) Occupation _____ Employer / Business Address _____</p>	
<p>Contributor Name and Address:</p> <p>(If Individual, also provide:) Occupation _____ Employer / Business Address _____</p>	
<p>Contributor Name and Address:</p> <p>(If Individual, also provide:) Occupation _____ Employer / Business Address _____</p>	