




**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.

<p>1. Committee I.D. Number 45328</p> <p>2. Committee Name Re-Elect Carol Wood for Council</p> <p>5. Committee's Mailing Address 1018 West Lapeer Lansing, MI 48915</p> <p>Area Code and Phone <u>(517) 482-0213</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>7. Treasurer's Business Address Retired</p> <p>Area Code and Phone _____</p>		<p>3. This Statement covers From: <u>01/01/19</u> to <u>07/21/19</u></p> <p>4. Candidate Last Name Wood First Name Carol M.I. E.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Council Member At-Large for the City of Lansing <input checked="" type="checkbox"/></p> <p>4b. County of Residence INGHAM <input checked="" type="checkbox"/></p> <p>6. Treasurer's Name & Residential Address Charles Creamer 3016 S. Cambridge Lansing, MI 48910</p> <p>Area Code & Phone <u>(517) 485-3811</u></p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Charles Hallman 1014 West Lapeer Lansing, MI</p> <p>Area Code and Phone <u>(517) 897-2508</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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>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>	
<p>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> <p>Current Treasurer or Designated Record keeper <u>Charles Hallman</u> Type or Print Name</p> <p><u><i>Charles Hallman</i></u> Signature Date <u>07/24/19</u></p> <p>Candidate <u>Carol Wood</u> Type or Print Name</p> <p><u><i>Carol Wood</i></u> Signature Date <u>07/24/19</u></p>		<p>F2019-0400 7/24/19 4:36 PM Page 1 of 1 CAMP \$0.00 Barb Byrum, Ingham County Clerk</p> 	

RECEIVED
JUL 24 2019
INGHAM COUNTY CLERK'S OFFICE



1. Committee I.D. Number 45328

2. Committee Name Re-Elect Carol Wood for 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>7,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$7,200.00</u>	(20.) \$ <u>\$7,200.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
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>\$5,114.87</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>\$5,114.87</u>	(23.) \$ <u>\$5,114.87</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.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</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>\$141.51</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$7,341.51</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,114.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,226.64</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45328
2. Committee Name Re-Elect Carol Wood 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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>04/15/19</u> Name & Address: Plumbers & Pipefitters Local 333 5405 S. MLKing Lansing, MI 48911 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	\$ <u>5,000.00</u>	\$ <u>5,000.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/03/19</u> Name & Address: International Brotherhood of Electrical Workers Local 352 3315 S. Pennsylvania Lansing, MI 48910 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	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/27/19</u> Name & Address: IBEW Local 665 5205 S. Pennsylvania Ave. Lansing, MI 48911 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	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/14/19</u> Name & Address: Lansing Regional Chamber PAC 500 E. Michigan Ave. Ste. 200 Lansing, MI 48911 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	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization

Page Subtotal **\$6,500.00**

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

7,200.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45328
2. Committee Name Re-Elect Carol Wood 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>07/14/19</u> Name & Address: Catherine Church 901 Sparrow Lansing, MI	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;">Click Here for Memo Itemization</div> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/19</u> Name & Address: Mark Hahn 1019 Seymour Ave. Lansing, MI 48906	<u>\$ 150.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;">Click Here for Memo Itemization</div> Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/19</u> Name & Address: R Cole Bouck 321 N. Jenison Lansing, MI 48915	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;">Click Here for Memo Itemization</div> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/19</u> Name & Address: David O'Leary 1925 Moores River Drive Lansing, MI 48910	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;">Click Here for Memo Itemization</div> Occupation <u>Owner</u> Employer <u>O'Leary Paint</u> Business Address <u>300 E Oakland, Lansing, MI 48906</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$450.00**

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

7,200.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45328
2. Committee Name Re-Elect Carol Wood 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>07/14/19</u> Name & Address: Eric Hewitt 6311 Pleasant River Drive Dimondale, MI 48821	<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/19</u> Name & Address: Kathy Miles 1128 Woodbine Lansing, MI 48910	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$250.00**

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

7,200.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45328
2. Committee Name Re-Elect Carol Wood 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 Lansing City Clerk Address 124 W. Michigan Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/19</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Keystone Address 3540 Jefferson Grand Ledge, MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Lierature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/19</u> Date	<u>\$ 257.76</u> Click Here for Memo Itemization Type
Expenditure #3 Name Practical Political Consulting Address 920 N. Washington Lansing, MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter list</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/19</u> Date	<u>\$ 550.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Keystone Address 3540 Jefferson Highway Grand Ledge, MI 48837 <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>06/21/19</u> Date	<u>\$ 2495.31</u> Click Here for Memo Itemization Type
Expenditure #5 Name Keystone Address 3405 Jefferson Highway Grand Ledge, MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/19</u> Date	<u>\$ 225.25</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,628.32**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **5114.67**

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45328
2. Committee Name Re-Elect Carol Wood 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 Address 3540 Jefferson Grand Ledge, MI 48837 <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>07/19/19</u> Date	\$ <u>1486.35</u> Click Here for Memo Itemization Type
Expenditure #2 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 #3 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 #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 **\$1,486.35**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,114.67**

Enter this total on line 8a of Summary Page