

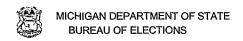
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9/1/11 11:20 AM Page 1 of 1
CAMP \$0.00
Mike Bryanton, Ingham County Clerk

SEP 01 2011

CANDIDATE COMMITTEE

INGHAM COUNTY CLERK FOR OFFICIAL USE ONLY

COVER PAGE	
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: 7-18-11 to 8-22-11
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
46246	Washington Jody
2. Committee Nome	4a. Office Sought including District # or Community Served (If applicable)
2. Committee Name	Lansing City Council, Ward I
Jody Washington for City Council	4b. County of Residence WahaM
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
521 Nantucket Orive	Frank Washington
Lansing MI 48906	521 Nantucket Drive
Area Code and Phone 517-803-9337	Lansing MI 48906
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.	Area Code & Phone 517-393-2799
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	Jody Washington
	521 Manticket Drive
	JU1 1001100101
	Lansing MY 48906
Area Code and Phone	Area Code and Phone 517-803-9337
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d: Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Ger	9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Special Cau	CUS
Cau	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
8-2-11	Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re	1B and the Summary Page.
Schedules. Direct contributions, in-kind contributions, loans, expe if any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement.	equired Campaign Statements. The Campaign Statements must include all applicable inditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. Led since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.
	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Current Treasurer or Designated Record keeper Type or Print Name	1 Sody Wash Jon 8/31/201
I ADE OLI LIBILIZZATE I	Signature
	Signature
Candidate Jody Washington	Signature / Superson of 30 ZOII
lad Wash las	Signature



a. Itemized (Schedule 1A - Column 6)

4. Other Receipts (Schedule 1A -1, Column 6)

IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7)

a. Itemized (Schedule 1B, Column 6)

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule)

INCIDENTAL EXPENSE DISBURSEMENTS

a. Itemized (Schedule 1C, Column 6)

a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E)

(Enter zero if no previous reports have been filed.)

(Add Line 10a + Line 10b)

13. Ending Balance of last report filed

15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period

(Subtract line 16 from line 15)

(Add lines 9 and 11) 17. ENDING BALANCÉ

14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)

DEBTS AND OBLIGATIONS 12. Debts and Obligations

b. Unitemized (less than \$50.01 each - no Schedule)

c. Subtotal of "Contributions"

(Add Line 3c + Line 4)

EXPENDITURES 8. Expenditures

(Officeholders Only) 10. Disbursements

RECEIPTS

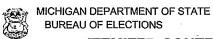
3. Contributions

SUMMARY PAGE CANDIDATE COMMITTEE

b. Unitemized (less than \$20.01 each - no Schedule)

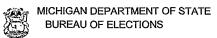
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS

1. Committee I.D. Number Washington 2. Committee Name > Column II Column I This Period Cumulative this election cycle (3b.) \$ **NOT APPLICABLE** (6.) \$ ____ (22.)\$ (8a.) \$ 2875.08 (23.) \$ 6479.15 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (10a.) \$ _____ (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (11.) \$ ______ (24.) \$ (12b.) \$ BALANCE STATEMEN



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

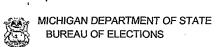
BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. N	
CANDIDATE COMMITTEE 2. Committee Name	. Jody Washington for Coly Coun
Enter contributor's name and address. If contribution is from an individual, enter last name, first namedidle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-18-11 Name & Address: Alicia Pere Z ROY W. Shiawassee St.	\$ 25.00 \$ 25.00
804 W. Shiawassee St. Lansing MI 48915 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	——
Business Address	_
Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-19-1	
Name & Address Barb Byrum 4523 Stone Road Onondaga M/ 49264 5. If over \$100.00 cumulative, please provide:	\$ \OO.OO \$ \OO.OO
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-21-11 Name & Address: Samara Washington 2312 Bernard St. Lansing M1 48911	\$ 50.00 \$ \\ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Benefits Anglust Employer MESSA	
Occupation Renefits Analyst Employer MESSA Business Address 1475 Kendale Blvd. Fast Lansing MI 486 Type of Contribution: Direct Loan from a person Pand Raiser	326
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-22-11 Name & Address Macy Marshall 2445 N. Peterson (t. Lwisville, KY 40206 5. If over \$100.00 cumulative, please provide:	\$ 50.00 \$ 50.00 Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	_



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46246

CANDIDATE COMMITTEE 2. Cc	mmittee Name Jody	Washington -	for lift Concil
Enter contributor's name and address. If contribution is from an individual, enter las middle initial. Check box to indicate if contribution is from a Political Committee or a 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: Richard Wanderf 1817 Jerome St.	1-22-11		
Lansing M1 48912		\$ 100.00	\$ 200.00
5. If over \$100:00 cumulative, please provide:	Click Here for	r Memo Itemization	
Occupation <u>Heacher</u> Employer <u>Lansing School</u>	1213MCF		
Business Address 5 9 W. Kalamazoo St., Lansing M. Type of Contribution: Direct Loan from a person Fund	N 48935 Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7	-26-11		
Adam Hussain			
3814 Calvin Drive		<u>s loo.oo</u>	s 200.00
Lansing MI 48911			
5. If over \$100.00 cumulative, please provide: Occupation teacher Employer Wayer Community	Solale	Click Here for	Memo Itemization
	<u> </u>		
	d Raiser		
		<u> </u>	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 Name & Address: Jason Harder 1002 W. Grand River Ave. East Lansing M1 48823	-29-11	s 10,00	s_10.00
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
OccupationEmployer			
Business Address			
	d Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8	-1-11		
Operating Engineers 324 PAC			
500 Hulet Drive		\$ 500.00	<u>500.00</u>
Bloomfield Tup. M1 48302 5. If over \$100.00 cumulative, please provide:			
Occupation Employer		Click Here for	Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person Fund	Raiser		
	Page Subtotal	710.00	
	al of All Schedules 1A ast page of Schedule)		
Page 2 of 4	act page of correduce) -	Enter this total on line 3a of Summary Page.	•
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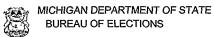
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46246

CANDIDATE COMMITTEE 2. Committee Name	y 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 8-8-11 Name & Address: Date Coped ge 1912 Holly Way Lansing MV 4890 5. If over \$100.00 cumulative, please provide: Occupation Employer		\$ 25.00 r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt S - S -		
Name & Address BEW - COPE 900 Seventh St. NW Washington, D.C. Zoool 5. If over \$100.00 cumulative, please provide:	\$ 300,00	\$ 300.00 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 8-18-11 Name & Address: Sandra Norgaard 3455 Planks Raad Nason, MI 48854 5. If over \$100.00 cumulative, please provide:	\$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$_{∞.co
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8-18-11 Name & Address Frank Washington 521 Nantocket Lansing M1 48906 5. If over \$100.00 cumulative, please provide: Occupation Petined Employer Business Address	§ 5∞.∞ Click Here for	\$ 500,00
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	925.∞	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	Enter this total on	

Page 3 of 4

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 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? 4. Date of Receipt 5. If over \$100:00 cumulative, please provide: Click Here for Memo Itemization pecialist Employer Mich Lansing M Business Address 4 Type of Contribution: Fund Raiser Loan from a person 4. Date of Receipt 2-1-3. Contribution #2 PAC Receipt? YES Plumbers-Refillers 333 PAC M1 4891 5. If over \$100,00 cumulative, please provide: Click Here for Memo Itemization Occupation_ **Business Address** Type of Contribution: XDirect Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ Business Address Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal

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

350,00

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46246

OANDIDATE COMMITTEE 2. C	ommittee Name July Washingan Tax CIA CONICIL	
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount	
Expenditure #1		
Name U.S. Postmaster	7-26-11 \$465.8	(
315 W. Allegan St. Suite A	Purpose: Pur	
Lansing MI 48933	Click Here for Memo Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name U.S. Postmaster	7-26-11 s 44.00	'
Address Allegen St Sule A	Purpose: Stamps	
315 W. Allegan St. Suite A	Click Here for Memo Itemization Type	
Lansing MI 48933	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3		
Name Keystone Printing	8.5.11 \$1323.60	0
Address	Purpose: Punting Date	,-
15400 S. U.S. Highway 21	Click Here for Memo Itemization Type	
15400 S. U.S. Highway 27 Lansing M1 48906	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name 60 Daddy, com	8-18-11 55/05	
Address	Purpose: Weh hosting	
14455 N. Hayden Rd. Svite 226	Purpose: We i) NOSTIMA	
Scottsdale, AZ 85260	Click Here for Memo Itemization Type	
2018dale, AZ 83200	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name City Pulse	8-19-11	
Addross	Purpose: ad Date \$ 333.00)
1905 E. Michigan Ave.		
1905 E. Michigan Ave. Lansing MI 48912	Click Here for Memo Itemization Type Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
	Subtotal this page 2222.46	,
	Grand Total of all Schedules 1B	

Page _____ of ____

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46246

CANDIDATE COMMITTEE 2.0	Tother Manual Properties	<u> 197 (0</u>	uner \
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		_	
Name Keystone Printing		8-22-1) Date	\$ <u>652.62</u>
Name Keystone Printing Address 15400 S. U.S. Highway 27 Lansing M1 48906	Purpose: Printing Click		Itemization Type
(ansing M) 48901			
Li and reason	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	Ψ
-	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	:	
Fund Raiser	debt or obligation reported on previous		
Expenditure #3			
Name			•
		Date	\$
Address	Purpose:	Date	
	Click I	Here for Memo I	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:	Date	
	Click I	Here for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	. Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		otal this page	652.62
	Grand Total of all	Schedules 1B	2875.08
	(Complete on last page		6875.08

Enter this total on line 8a of Summary Page



DEBTS	AND	OBLI	GAT	IONS
S	CHE	DULE	1E	

1. Committee I.D. Number

46246

CANDIDATE COMMITTEE This Schedule itemizes: \mathbf{A} Debts and obligations owed by or forgiven the committee OR 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 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount Item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 4. Type: 109 N Owed to or by: 5. Date Debt Was Incurred: 500,00 6. Original Amount of Debt: ansing M1 48906 FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 4. Type: ___ \@\N Owed to or by: 5. Date Debt Was Incurred: \$ 1000,000 6. Original Amount of Debt: \$ FORGIVEN \$ If bank loan, name of endorser or guarantor: Amount Endorsed: \$-Debt #3 Owed to or by: 6. Original Amount of Debt: \$ FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

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.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page of 3



DEBTS	AND	OBL	IG	ΑT	IONS
S	CHE	DULE	: 1	Ε	

1. Committee I.D. Number 46246

CANDIDATE	COMMITTEE
4	

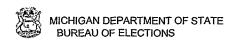
2. Committee Name Jody Washington for City Concil

CANDIDATE COMMITTEE				
This Schedule itemizes:		<u> </u>		
a Debts and obligations owed by or forgiven the commodities (Chec	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by 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: OAV	\$		
Jody Washington	5. <u>Date Debt Was Incurred</u> :	\$		
521 Nantucket	4-21-11	\$	•	300.00
Lansina MI 48906	6. Original Amount of Debt		\$ <u>O</u>	\$ 500,00
	\$ <u>300.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$		
Jody Washington	5. <u>Date Debt Was Incurred</u> :	\$		
52 Nantucket	6. Original Amount of Debt:	<u> </u>	s 0	\$ 1000,00
Lansing MI 48906	\$ 1000.00	\$		FORGIVEN
J		\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: 000 (postage)	\$		
Jody Washington	5. <u>Date Debt Was Incurred</u> :	\$		
527 Nantucket	6-21-11	\$	_	\$ 180.6
Lansing M1 48906	6. Original Amount of Debt:	\$	I \$_ <u></u>	· '
Dright Follow	\$ 100.01	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	1480.61
(Ci	omplete on last page of Schedule s	Grand Total o	of all Schedules 1E	

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.

Page 2 of 3



A 4 1 4 A

DEBTS	AND	OBL	IG/	OITA	NS
S	CHE	DULE	= 1E	=	

1. Committee I.D. Number 46246

CA	מומא	ΔTF	COM	MITT	FF
V	バイン・ハ	~ -		IASE Y S	- L

2. Committee Name Jody Washington for City Couril

CANDIDATE COMMITTEE		444		
This Schedule itemizes:				
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.)				
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: Jody Washington 521 Wantucket Lansing M1 48906	4. Type: On (postage) 5. Date Debt Was Incurred: 7-16-11 6. Original Amount of Debt: \$ 465.8	\$ \$ \$ \$	\$_O	\$45.8]
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Oa \(\) 5. Date Debt Was Incurred:	\$		
Jody Washington 521 Wantucket	8-[8-]] 6. Original Amount of Debt:	<u> </u>	s_O	\$100.00
Lansing M1 48906	\$ 100,00	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred:	\$		
,	6. Original Amount of Debt:	\$		<u> </u>
	\$	\$\$	1 \$	FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
				5/5 21

Page Subtotal (Outstanding debt) 363.01

Grand Total of all Schedules 1E (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.

Page 3 of 3