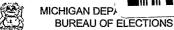
F2011-0456
12/8/11 1:15 PM Page 1 of 1
CAMP \$0.00
Mike Bryanton, Ingham County Clerk

RECEIVED



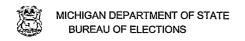
Authority granted under P.A. 388 of 1976

DEC 08 2011

CANDIDATE COMMITTEE

INGHAM COUNTY CLERK FOR OFFICIAL USE ONLY

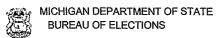
COVER PAGE		2
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement of	overs From: 10-34-11 to 11-28-11
1. Committee I.D. Number	4. Candidate Last	ytan Jady
2. Committee Name	4a. Office Sought if	abluding District # or Community Served (If applicable) City Cuncil - FVS+ Word
Jody Washington for City Council	4b. County of Resid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. Committee's Mailing Address		ne & Residential Address
521 Nantucket	Frank	Washington
Lansing M1 48906	521 1	Jantucket
Area Code and Phone 517-803-9337	Lansin	y M1 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 & Phon	517-393-2799
7. Treasurer's Business Address	Designated Record Designated Record	cord keeper's Name and Mailing Address (If the committee has a d keeper)
521 Namboket	Joda	y Washington
Lansing M1 48906	lans	Nanticket ^y Ina M1 48906
Area Code and Phone 517-393-3799	Area Code and Ph	one <u>517-803-9337</u>
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		9e. Dissolution of Candidate Committee
Convention Sch	ool	Effective Date of Dissolution
Special Cauc	cus	Described this the WM and the transfer of the
Date of Election, Convention or Caucus	10	By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
] !	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expel 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, the	ed since the informants Campaign Staten nat campaign staten nat campaign stater	tion was shown on the committee's Statement of Organization, an nent. If a request for a Reporting Waiver is not received on or ment cannot be waived.
 Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and contents 	in the preparation of omplete.	this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper 5 2 Washington	(Ch	Jasharan 12-7-11
Type or Plint Name	Signature	Date
Candidate Jody Washington	/ (El)	ashifton Date 12-7-11
Type or Print Name	Signature	. "



1. Committee I.D. Number

SUMMA	NRY	PA	GE
CANDIDATE	CO	MMI	TTEE

2. Committee Name. RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions 50,00 a. Itemized (Schedule 1A - Column 6) (3a.) \$ b. Unitemized (less than \$20.01 each - no Schedule) NOT APPLICABLE (3b.) \$ c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) **EXPENDITURES** 8. Expenditures 6551.88 a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ _ c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ _ (23.) \$ \3\08.33 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) 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) 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.) 14. Amount received during reporting period (14.) + \$(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 BALANCÉ (17.) \$ (Subtract line 16 from line 15)



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ______

CANDIDATE COMMITTEE 2. Committee Name	by Washington for City Cone
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? XYES 4. Date of Receipt 10-28-11 Name & Address: Friends at Sparrow 2870 Oobie Road Mason, M1 48857 5. If over \$100.00 cumulative, please provide:	\$\\\ \OO,OO \s\\\\\\\\\\\\\\\\\\\\\\\\\\\
Occupation Employer	
Business Address Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-28-11 Name & Address Michigan Laborers PAC 1118 Centennia Way Ste 100 Lansing M1 48917 5. If over \$100.00 cumulative, please provide:	\$ 500.00 \$ 500.00 Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? X YES 4. Date of Receipt 11-3-1 Name & Address: SEIV Loca 517M PAC 1026 E. Michigan Ave Lansing MI 48912 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 150.00 \$ 150.00 Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	\$SClick Here for Memo Itemization
Page Subtotal	750.00
Grand Total of Ail Schedules 1A (Complete on last page of Schedule) Page of	150,00 Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46246

2,0	ommittee Name Jessey Washin Hari da Chia Control
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name U.S. Postwaster	10-24-11 \$ 640.96
Address	Purpose: Pootage Date
Address Allana St Sule A	,
Address 315 W. Allegan St. Suite A Lansing MI U48933	Click Here for Memo Itemization Type
1 ansing M1 098933	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2	
Name U.S. Postmuster	10-26-11 \$396,04
	10-26-11 \$ 396.09
Address St. St. A	Purpose: Postage
315 W. Allegan St. 2010	Click Here for Memo Itemization Type
Address 315 W. Allegan St. Suite A Lansing M1 48933	
1 	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #3	
Name 1),S. Postmaster	10-26-11 \$ 640.96
Address	
Address 215 W. Alkam St. Sute A	Purpose: Vostage Date
Address 315 W. Allegan St. Sate At Lonsing MI 48933	Click Here for Memo Itemization Type
Lansing IVII 418932	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #4	
Name Mejier	lm321
l e	Date \$352,00
Address 6200 S. Pennsylvania	Purpose: Stawup 5
Lansing M1 48911	Click Here for Memo Itemization Type
(11 (011)	
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #5	
Name U.S. Postimaster	11-2-11 219 04
Address	1
215 1.1 Allegan St. Suite A	Purpose: Purpose: Date
Address 315 W. Allegan St. Site A Lansing MI 48933	Click Here for Memo Itemization Type
Lansing III 48933	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 399,00
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page _____of___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46246

Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5.	Date 6	. Amount
Expenditure #1			
Name \ \ C \ D \ \ \ \ \ \ C	11-3	3-11	\$640.96
Address 315 W. Allegan St. Surte A Lansing M1 48933	Purpose: VODIA GE DA	ate	
Lansina MI 48933	Click Here t	for Memo Iter	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Keystone Milting	1-1		8 <u>3319.9</u> 2
Address 16400 S. US Highway 27 Lansing MI 48906	Purpose: NATIVA	Date	
13900 3, 02 (15)	Click Here f	for Memo Iter	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name City Ruise	11-)7-11 Date	00,6PL &
Addiess	Purpose: AA		
	Click Here for	or Memo iten	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			,
Name			
Address		Date	\$
	Purpose:		
	Click Here for	or Memo Iten	nization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5		·	
Name			
Address	Purpose:	Date	\$
	Click Here f	or Memo Iter	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
,	Subtotal thi	is page	152.88
1	Grand Total of all Scheo (Complete on last page of Sc		551.88

Enter this total on line 8a of Summary Page

Page _____ of _____



DEBTS AND OBLIGATIONS SCHEDULE 1E

Committee I.D. Number 4624

CANDIDATE	COMMITTEE

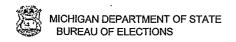
2. Committee Name Dody Washington for City Concil

CANDIDATE COMMITTEE	<u> </u>		.)	
This Schedule itemizes:			· · · · · · · · · · · · · · · · · · ·	
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed to rpose checked.)	or forgiven by the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period
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.	incurred 6. Indicate original amount of debt		date on debt	(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: 04 M	\$		
Jody Washington	5. Date Debt Was Incurred:	<u> </u>		
52T Nantucket Drive	3-15-11	\$	s 0	\$ 500,00
Lansny, M1 4/8906	6. Original Amount of Debt:	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		\$		[
			nount Endorsed: \$	<u> </u>
Debt #2 Corp? Yes Owed to or by:	4. Type: 100 n	\$		
Jody Washington 521 Nanticket Dave	5. Date Debt Was Incurred:	\$		
	3-28-11 6. Original Amount of Debt:	\$. 0	\$ 1000.00
Lansily, M1 48906	\$ 1000.00	\$	\$	FORGIVEN
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Joan (Stamps)	\$		-
Jody Washington	5. Date Debt Was Incurred:	\$		
Jody Washington 521 Wan beket	3-28-11 6. Original Amount of Debt:			\$ 34.10
Lansing, M1 4/8906	\$ 34.10	\$	18_0_	FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:			mount Endorsed: \$_	
		Page Subtota	ıl (Outstanding debt)	1534.10
(Ca	omplete on last page of Schedule s	Grand Tota howing amounts owed by	of all Schedules 1E or to the committee)	
·	. .	-		Enter this total

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



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee Debts and obligations owed to or forgiven by the committee. OR b. (Check either a or b. Use only for the purpose checked.) 9. Outstanding 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7: Date and amount of 8. Cumulative financial institution to whom debt is owed. (Description) payment to Balance at close each payment 5. Indicate date debt was of this period date on debt 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 Corp? Owed to or by: 300,00 6. Original Amount of Debt: Lansing MI 48906 FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Corp? Owed to or by: 5. Date Debt Was Incurred \$ \$ **FORGIVEN**

Page Subtotal (Outstanding debt)

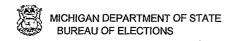
Amount Endorsed: \$

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.

If bank loan, name of endorser or guarantor:



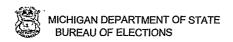
DEBTS	AND	OBLI	GA	TIONS
S	CHE	DULE	1E	

1. Committee I.D. Number

CANDIDATE COMMITTEE				•
This Schedule itemizes:				•••
a Debts and obligations owed by or forgiven the con	nmittee OR b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	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	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus)
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: loan (postage)	\$		
Jody Washington	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
521 Nan Worket	6. Original Amount of Debt	<u> </u>	s O	\$ 465.81
Lansing, MI 48906	s 465,81	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$ _	-
Debt #2 Corp? Yes	1 1200			
Owed to or by:	4. Type: [CA Y]	\$		•
Jody Washington	5. <u>Date Debt Was Incurred</u> :	\$		
52T Nantucket	6. Original Amount of Debt:	\$	s <u>O</u>	1 \$ 100.00
Lansily MI 48906	s 100.00	<u> </u>		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	T
Debt #3 Corp? Yes Owed to or by:	4. Type: 09V	\$		
Judy Washington 52T Nantvelet	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
52T Nantocket	6. Original Amount of Debt:	<u> </u>	. 0	\$ 160.00
Lansing: M1 48906	\$ 160.00	\$		FORGIVEN
•	•	\$	•	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	725.81
(0	Complete on last page of Schedule s	Grand Total on the control of the co	of all Schedules 1E or to the committee)	Enter this total

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.

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



DEBTS AND OBLIGATIONS

SCHEDULE 1E		۸ ۸) a	1
	ommittee Name Jody	Washington	ter (it	1 Council
This Schedule itemizes:		<i>J</i>		<u> </u>
a Debts and obligations owed by or forgiven the com	mittee OR b. Debt	s and obligations owed <u>to</u> or irpose checked.)	forgiven by the con	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	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: 041	\$,	
Jody Washington	5. Date Debt Was Incurred:	<u> </u>		3
521 Nantucket Drive	10-21-11	<u> </u>	s O	\$ 15,00
Lansing, M1 48906	6. Original Amount of Debt:	\$	3 <u></u>	FORGIVEN
If bank loan, name of endorser or guarantor:		\$Ame	ount Endorsed: \$	
D-14 10	7	1		£
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$\$		
\	4. Type:5. <u>Date Debt Was Incurred</u> :	\$		
\		\$	\$	\$
\	5. <u>Date Debt Was Incurred</u> :	\$ \$ \$	\$	\$FORGIVEN
\	5. <u>Date Debt Was Incurred</u> :	\$ \$ \$	\$	\$FORGIVEN
Owed to or by:	5. <u>Date Debt Was Incurred</u> :	\$ \$ \$	sount Endorsed: \$	\$FORGIVEN
Owed to or by: If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	\$ \$ \$ \$	sount Endorsed: \$	\$FORGIVEN
Owed to or by: If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$ 4. Type: 5. <u>Date Debt Was Incurred</u> :	\$ \$ \$ Am	\$	FORGIVEN
Owed to or by: If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ 4. Type:	\$ \$ \$ Am	sount Endorsed: \$	\$
Owed to or by: If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$ 4. Type: 5. <u>Date Debt Was Incurred</u> :	\$ \$ \$ Am	sount Endorsed: \$	\$ FORGIVEN

Page Subtotal (Outstanding debt)

15.00

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.