FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

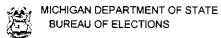
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From	07/22/19	to 08/26/19		
1. Committee I.D. Number		Candidate Last Name	First	Name	M.I.	i i i i i i i i i i i i i i i i i i i
46246		Washington	Jody			₹ €
2. Committee Name		4a. Office Sought Including Dis		Served (If applicab	le)	E er
2. Committee Name		Lansing City Council -	1st Ward			# * * * * * * * * * * * * * * * * * * *
Jody Washington for City C	ouncil	4b. County of Residence ING	MAH			
5. Committee's Mailing Address		6. Treasurer's Name & Reside			/=	\$
521 Nantucket		Frank Washington	F	RECEIV	/ED	7
Lansing, MI 48906		521 Nantucket				
		Lansing, MI 48906		SEP 3 0 20	119	
Area Code and Phone (517) 393-2799 If the address in this box is different from the commi	ttee		INGH	AM COUNTY CLERI	K'S OFFICE	
mailing address on the Statement of Organization, r be sent to this address by the filing official.	nail may	Area Code & Phone (517) 39	93-2799			==
7. Treasurer's Business Address		Designated Record Keeper Designated Record Keeper)	's Name and Addres	s (If the committee	has a	·
Retired		Jody Washington				
		521 Nantucket				
		Lansing, MI 48906				
(517) 393-2799		(517	7) 393-2799			
Area Code and Phone (517) 393-2799		Area Code and Phone (517		f Candidate Comm		
9. TYPE OF STATEMENT		NLY if candidate				
9a. Pre-Election OR 9b. Post-Election				By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:	L. Luk. Ouer	Laud.	the committee. The	forgiven, and no lor e committee has no	iger collectible ⊢oustanding as	from ssets,
⊠Primary	July Quar	leriy	owes no lates fees	or has any oustandi	ing debt.	
General	October C	Quarterly	Further, if the disso	lution cannot be ara	anted, that this	be
Convention			considered a reque	st for the Reporting	Waiver.	
Special	9c. Annua	al Statement ()	Effective	date of dissolution		
School		Coverage Year	Litective	date of dissolution		
Caucus	9d. X Amer	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to				
		ite which Statement is being		ion of residual funds he Summary Page.		rted on
Date of Election, Convention or Caucus	amen	ued.)		, ,		
1						
08/06/19						
10. Verification: I\We certify that all reasonable diligony\u00f3our knowledge and belief the contents are true, a	ence was used accurate and c	in the preparation of this statem omplete.	nent and attached sci	nedules (if any) and	to the best of	
Current Treasurer or Jody Washing	aton	i said i i		, na/	29/2019	
Designated Record keeper Type or Print Name	ر د د محمر د د محمر	Signature	The state of the s	Date		
	ſ		·	<u>.</u> –	(aa (aa : -	
Candidate Jody Washington		1 Toly 10	~ Skytor)_ Date09/	/29/2019	
Type or Print Name		Signature	<u> </u>	 		

1. Committee I.D. Number 46246

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Jody Washington for City Council

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 6,625.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	-
c. Subtotal of "Contributions"	(3c.) \$ \$6,625.00	(18.) \$ \$15,150.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$6,625.00	(20.) \$ \$15,150.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(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.) \$ <u>\$2,088.90</u>	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$2,088.90	(23.) \$ \$10,417.55
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)	(100.) \$	_ (24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$6,100.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	_ 1
13. Ending Balance of last report filed	(13.) \$ \$7,658.02	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$6,625.00	n.uryan.ru.ma
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$14,283.02</u>	
16. Amount expended during reporting period	¢2.000.00	
(Add lines 9 and 11) 17. ENDING BALANCE	£42.404.42	,
(Subtract line 16 from line 15)	(17.) \$ \$12,194.12	 *

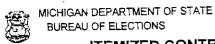


ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 46246

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)			
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of R	eceip	t 07/30/19		
Name & Address: Jody Washingto	0						
521 Nantucket						E000 00	E000 0E
Lansing, MI 489	06					_{\$} 5000.00	_{\$} 5988.85
5. If over \$100.00 cum	ulative, please pro	vide	ĸ			Olivia da la confe	- 3
Occupation Dept Spl		_ [Employer MDOC			Click Here to	r Memo Itemization
Business Address 206							
Type of Contribution:	Direct	7	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of R	eceip	07/31/19		
Patty Farhat						400.00	400.00
2501 Hampden						_{\$} 100.00	_{\$} 100.00
Lansing, MI 489	011						
5. If over \$100.00 cum	ulative, please pro	vide	4			Click Here fo	r Memo Itemization
Occupation		En	nployer		 		
Business Address	<u>.</u> .						
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	√	YES 4. Date of F	Receip	ot 08/06/19		
Lansing Regiona 500 E. Michigan		C	ommerce			_{\$} 500.00	_{\$} 500.00
Lansing, MI 489	912					Click Horo for	Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vide):			Click Here lor	Weillo Reillization
Occupation		•	mployer				
Business Address 500		ue,	Lansing, MI 48912	_			
Type of Contribution:			Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	✓	YES 4. Date of	Recei	pt 08/16/19		
IBEW PAC Volu	ntary Fund						
900 Seventh Str	eet, NW					_s 1000.00	å 1000.00
Washington DC						*	4
5. If over \$100.00 cum	ulative, please pro	vide):			Click Here for	Memo Itemization
Occupation		-	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$6,600.00	
				Gra	and Total of All Schedules 1A		
			(C	ompl	ete on last page of Schedule)	Enter this total on	J
Page 1 of 2						line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46246

. Committee no. 110	
2. Committee Name	Jody Washington for City Council
2. Committee Name	

Enter contributor's name a middle initial. Check box Committee (PAC) Report	to indicate if contribu	ution is from a Political Com	I, enter last name, first name, mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 lame & Address:	PAC Receipt?	YES 4. Date of Rec	ceipt 08/22/19	<u> </u>	
Rebecca Bahar-C				25.00	, 25.00
525 Westmoreland Lansing, MI 4891				_{\$} 25.00	_ \$20.00
. If over \$100.00 cumul		de:		Cliak Hara	for Memo Itemization
occupation			<u> </u>	Click Here	TO METRO REMIZZABOTI
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	ceipt	S	\$
					for Memo Itemization
5. If over \$100.00 cumu		· ·		CIICK HEIC	TO MONTO NOTIFICATION
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of R	Receipt	_ \$	\$
5. If over \$100.00 cum	dative niessa nroj	vide:		Click Here	for Memo Itemization
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Receipt	_	
				\$	\$
5. If over \$100.00 cum	iulative, please pro	ovide:		Click Her	e for Memo Itemization
Occupation		Employer		_	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
' <u></u>			Page Subt	otal \$25.00	
			Grand Total of All Schedules	1A \$6,625.00	
		(Complete on last page of Sched	Enter this tota	l on

Enter this total on line 3a of Summary Page.

Page 2 of 2



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

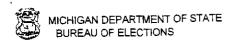
46246

2. Committee Name Jody Washington for City Council

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Keystone Millbrooks		07/22/19	\$ 602.27
Address	Purpose: Postage	Date	
Jefferson Highway	Click	lere for Memo I	temization Type
Grand Ledge, MI			tomzaton Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Keystone Millbrooks		07/29/19	s 784.17
Address	Purpose: Mailer	Date	<u> </u>
Jefferson Highway	Click F	tere for Memo I	temization Type
Grand Ledge, MI	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Keystone Millbrooks		07/29/19	s 702.46
Address	Purpose: Postage	Date	\$ 702.40
Jefferson Highway			
Grand Ledge, MI	l <u> </u>	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address		Date	\$
Address	Purpose:		
	Click H	lere 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 I	Here for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$2,088.90
	Grand Total of all (Complete on last page		\$2,088.90

Enter this total on line 8a of Summary Page

Page _____ of ____



DEBTS AND OBLIGATIONS SCHEDULE 15

Page 1 ___ of 1

1. Committee I.D. Number

46246

SCHEDULE 1E	Jody Wast	nington for City C	ouncil	
CANDIDATE COMMITTEE 2.C	ommittee Name 300 y v 231			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts ck either a or b. Use only for the pur			
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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	11/29/15 \$ 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	\$ \$ \$ \$	\$ 4,000.00	\$_1,000.00
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Com? Yes Owed to or by: Jody Washington 521 Nantucket Lansing, MI 48906	4. Type: Loan 5. <u>Date Debt Was Incurred</u> : 09/26/2017 6. <u>Original Amount of Debt</u> : \$_100.00	\$ \$ \$	\$	\$ _100.00
		A	mount Endorsed: \$_	
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by: Jody Washington 521 Nantucket Lansing, MI 48906	4. Type: Loan 5. <u>Date Debt Was Incurred</u> : 07/30/2019 6. <u>Original Amount of Debt</u> : \$ 5,000.00	\$ \$ \$ \$	\$Amount Endorsed:	\$_5,000.00
If bank loan, name of endorser or guarantor:			Athlount Endorsed.	T.
		Page Subtot	al (Outstanding deb	\$6,100.00
	(Complete on last page of Schedul	Grand Tot e showing amounts owed by	ai of all Schedules 1 y or to the committee	Enter this total on line 12a "ow
A debt or obligation must be shown on this Schothis Campaign Statement or it was forgiven duri	edule if there was an outstanding ng the period covered by this Ca	gamount owed on it at the mpaign Statement.	closing date of	by"" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

www.Michigan.gov/sos

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)	
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same constitution of the candidate committee required and the 3rd day before the candidate is participating. See Appendix G of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the last campaign statement required and the 3rd day before an election. See Appendix G of the Campa Contributions are anything of monetary value including contributions of money, in-kind and loans to the constitute 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 per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution Official. Electronic Filers on the state level must file all Late Contribution Report electronically. 	re an election where I single Closing date of the Rign Finance Manua mmittee. m fee is \$2,000.00
The Late Contribution must also be reported on the next Campaign Statement owed by the committee.	
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.	5. Cumulative Amount during LCR Period.
Contributor Name and Address: Jody Washington 521 Nantucket Lansing, MI 48906 (If Individual, also provide:) Occupation Dept Spl Employer / Business Address MDOC - 206 E. Michigan Avenue, Lansing	\$5,000.00
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	