CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

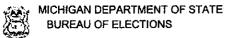
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	^{n:} 01/01/19	to 07/21/1	19	
1. Committee I.D. Number		4. Candidate Last Name	Fin	st Name	M.I.	
45328		Wood	Carol		E.	
O Company No.		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Council Member At-Large for the City of Lansing				
Re-Elect Carol Wood for Council		4b. County of Residence ING	НАМ			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address			
1018 West Lapeer Lansing, MI 48915		Charles Creamer 3016 S. Cambridge RECEIVE		ニハトロ	ļ	
Lansing, ivii 40313		Lansing, MI 48910		KEU		
		Lariorig, in 40010	,	11111 6	N 4 2040	
Area Code and Phone (517) 482-0213				JUL 2	24 2019	
If the address in this box is different from the comm				INGHAM COUNT	Y CLERK'S OFFICE	
mailing address on the Statement of Organization, rebe sent to this address by the filing official.	mail may	Area Code & Phone (517) 4	85-3811	<u> </u>		
7. Treasurer's Business Address		8. Designated Record Keeper	r's Name and Addre	ess (if the committ	ee has a	
Retired		Designated Record Keeper) Charles Hallman				
		1014 West Lapeer	•			
		Lansing, MI				
Area Code and Phone		Area Code and Phone (517	7) 897-2508			
9. TYPE OF STATEMENT	<u> </u>		9e. Dissolution	of Candidate Co	mmittee	
9a. X Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking	this item I/We cer	tify any outstanding d	ebt
	current year		by the committee	to the candidate of	or his or her spouse is longer collectible from	s here
Pre-Election or Post-Election Statement relates to:	July Quar	terly	the committee. T	he committee has	no oustanding asset	s,
⊠ Primary		·	owes no lates fee	es or has any ousta	inding debt.	
General	October C	Quarterly	Further, if the diss	solution cannot be	granted, that this be	
Convention			considered a requ	uest for the Report	ing Waiver.	
Special	9c	al Statement ()				
School	LAnnui	Coverage Year	Effectiv	e date of dissoluti	on	
	9d. Amer	ndment to Campaign Statement				
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to ate which Statement is being	Note: The dispos	ition of residual fu	nds must be reported	l on
	amen		Schedule 1B and	I the Summary Pag	ge.	
Date of Election, Convention or Caucus		F2019-0400	1			
08/06/19		7/24/19 4:36 PM Page 1 o CAMP \$0.00	f 1			
00/00/19		Barb Byrum, Ingham Count				
			8. 1857 Yo kair ard Bry ady fra . 1	A THE PART OF PROPERTY		
10. Verification: I/We certify that all reasonable diligonable dil	ence was used	in the preparation of this statem	ent and attached s	chedules (if any) a	and to the best of	
my\our knowledge and belief the contents are true,		Onlipiere.				
Current Treasurer or Designated Record keeper Charles Hallr	nan	/ halista	lla		07/24/19	
Type or Print Name		Signature		Date		
Carol Wood		(bas late	0	ı	07/24/19	
Candidate Carol Wood		vera noa	Υ	Date	01124119	-
Type or Print Name	·	Signature				

1. Committee I.D. Number 45328

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Re-Elect Carol Wood for Council

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.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$7,200.00	(20.) \$ \$7,200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
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.) \$ \$5,114.87	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$5,114.87	(23.) \$ \$5,114.87
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$
DEBTS AND OBLIGATIONS	V 17 7	
12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.)\$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	<u></u>
13. Ending Balance of last report filed	(13.) \$ \$141.51	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$7,200.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$7,341.51	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	¢5 11/ 97	
(Add lines 9 and 11)	(16.) - \$ \$5,114.87	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,226.64	+



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

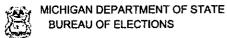
1. Committee I.D. Number 45328

2 Committee Name Re-Elect Carol Wood for City Council

CANDIDATE COMMITTEE 2. Committee Name		-
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? VES 4. Date of Receipt 04/15/19 Name & Address: Plumbers & Pipefitters Local 333 5405 S. MLKing Lansing, MI 48911	_{\$} 5,000.00	_{\$} 5,000.00
5. If over \$100.00 cumulative, please provide:	Oliale Uses &	
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/03/19 Name & Address		
International Brotherhood of Electrical Workers Local 352 3315 S. Pennsylvania Lansing, MI 48910	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/27/19 Name & Address:	_	
IBEW Local 665 5205 S. Pennsylvania Ave. Lansing, MI 48911	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
		•
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/14/19 Name & Address	-	
Lansing Regional Chamber PAC 500 E. Michigan Ave. Ste. 200 Lansing, MI 48911	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	. Olick Flore to	Wellio tollization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	al \$6,500.00	
Grand Total of All Schedules 1	7,200,0	9

Page _____ of _____

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

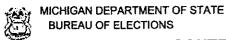
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/14/19 Name & Address: Catherine Church 901 Sparrow Lansing, MI	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Employer	Click Here ic	or Mento Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/19 Name & Address		
Mark Hahn 1019 Seymour Ave. Lansing, MI 48906	_{\$} 150.00	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/14/19 Name & Address:		
R Cole Bouck 321 N. Jenison	_{\$} 50.00	_s 50.00
Lansing, MI 48915	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/19 Name & Address		
David O'Leary 1925 Moores River Drive Lansing, MI 48910	_{\$} 200.00	_s _200.00
5. If over \$100.00 cumulative, please provide:	Ottali Henry	
Occupation Owner Employer O'Leary Paint	Click Here to	r Memo Itemization
Business Address 300 E Oakland, Lansing, MI 48906		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$450.00	
Grand Total of Alt Schedules 1A	7,200.00	

Page 2 of 3

(Complete on last page of Schedule)

Enter this total on

line 3a of Summary Page.



Page 3 of 3

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 45328

Page.

2. Committee Name Re-Elect Carol Wood for City Council

Enter contributor's name middle initial. Check be Committee (PAC) Repo	x to indicate if con	contribution is from an individua tribution is from a Political Con regardless of amount.	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Eric Hewitt	PAC Receipt?	YES 4. Date of Re	07/14/19	-	
6311 Pleasant R Dimondale, MI 4				_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here fo	or Memo Itemization
Occupation		Employer		CHOIC FIGURE	or world normanie
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 <u>06/26/19</u>		
Kathy Miles 1128 Woodbine Lansing, MI 489	10			_{\$} 200.00	ş 200.00
5. If over \$190.00 cum		ovide:		Click Here fo	or Memo Itemization
Occupation Retired	., ,				
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt	-	
				\$	\$
5. If over \$100.00 cum	ulative, please pr	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of R	teceipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pr	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtota	\$250.00	_
		(Co	Grand Total of All Schedules 1/ complete on last page of Schedule	Enter this total on	
2 2			,	line 3a of Summan	/



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

45328

Re-Elect Carol Wood for City Council

ONITODATE COMMITTEE 2.0	Committee Name		,
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		04/15/19	s 100.00
Address	Purpose: Filing expense	Date	
124 W. Michigan Lansing, MI 48933	Click	Here for Memo	Itemization Type
Lansing, Wit 40933	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Keystone		05/23/19	s 257.76
Address	Purpose: Lierature	Date	
3540 Jefferson			
Grand Ledge, MI 48837	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3		· · · · · · · · · · · · · · · · · · ·	
Name Practical Political Consulting		06/05/19	\$ 550.00
Address	Purpose: Voter list	Date	+ 300.00
920 N. Washington	Pulpose.		
Lansing, MI 48906	Click I	Here for Memo	Itemization Type
Euronig, Wi 40000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name Keystone		06/21/19	n #240E 24
	Mailer	Date	\$ \$2495.31
Address	Purpose: Mailer		
3540 Jefferson Highway	Click	Here for Memo	Itemization Type
Grand Ledge, MI 48837			nomization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Keystone		06/26/19	\$ 225.25
Address	Purpose: Literature	Date	¥ <u>ZZJ.ZJ</u>
3405 Jefferson Highway			
Grand Ledge, MI 48837	\		Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subte	otal this page	\$3,628.32
	Grand Total of all (Complete on last pag		5114.67

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

45328

2. Committee Name Re-Elect Carol Wood for City Council

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		-	
Name Keystone		07/19/19	\$ 1486.35
Address	Purpose: Mailer	Date	
3540Jefferson		Hara for Marsa	Itamization Tuna
Grand Ledge, MI 48837	Click	nere ioi ivietno i	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
		Date	-
Address	Purpose:		
	Click F	lere for Memo I	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			
Name			\$
Address	Purpose:	Date	•
		lara fan Maria I	tomination Tuno
		tere for Memo I	temization Type
,	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		••
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			_
Address	Purpose:	Date	\$
			n
	1	tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$1,486.35
	Grand Total of all		\$5,114.67

Enter this total on line 8a of Summary Page