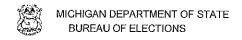


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and	d signed by candidate.	3. This Statement covers From		8/6/18	- 500-04-1-1			
1. Committee I.D. Number	Candidate Last Name	First Name		M.I.				
C-2004-029	Green Rodrick K							
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)							
0	e	COUNTY C	onnusson	197				
triends of Fodrick A	· Goder	4b. County of Residence	WASh75 POLL	り				
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address					
Dr.	حيط	1889 KSWINDY						
AGINALL' MOR 20,	N							
		YRSII ,	MAK 481	ラ ど				
Area Code and Phone If the address in this box is different from the comm	nittee							
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone 734-829-7467						
7. Treasurer's Business Address		8. Designated Record Keeper	r's Name and Address (If th					
		Designated Record Keeper)		and the second	WASHTE			
HIK					크			
V-1/N								
					ED			
Area Code and Phone		Area Code and Phone		ad U				
9. TYPE OF STATEMENT		7 rea dode and 1 hone	9e. Dissolution of Cand	idate Committee				
9a. Pre-Election OR 9b. Post-Election	is not on the	LY if candidate ballot for the	By checking this item	I/We certify any outs	 tanding debt			
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the ca	andidate or his or her	spouse is here			
Primary	July Quarte	erly	the committee. The commowes no lates fees or has	nittee has no oustand any oustanding debt.	ing assets,			
General	October Q	uarterly	Fronth and (Edland Control of					
Convention			Further, if the dissolution c considered a request for th	annot be granted, tha e Reporting Waiver.	it this be			
Special	9c. —		,					
School	Annual	Statement () Coverage Year	Effective date of	dissolution				
Caucus		lment to Campaign Statement						
	(Comp indicate	lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition of re	sidual funds must be	reported on			
	amend	ed.)	Schedule 1B and the Sum	mary Page.	•			
Date of Election, Convention or Caucus								
8/7/2018		,						
10. Verification: I\We certify that all reasonable dilige	ence was used i	the preparation of this stateme	l ent and attached schedules	(if any) and to the be	st of			
my\our knowledge and belief the contents are true, a Current Treasurer or	ccurate and co	mplete.	O	·.				
Designated Record keeper Forter	6000	Koelu K	XLEW Date	2/6/18	S			
Type or Print Name		Signature	540					
Candidate Fortyck K. God	e ve	S Tank X	S	8/4/1	4			
Type or Print Name		Signature	Date		<u>v.</u>			

As



1. Committee I.D. Number

2. Committee Name

C-2004:029

SUMM	ARY	PAG	èΕ
CANDIDATE	E COI	riMN	TEE

RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions (3a.) \$ 2000.00 a. Itemized (Schedule 1A - Column 6) b. Uniternized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE c. Subtotal of "Contributions" (3c.) \$ ____ (18.) \$ 4. Other Receipts (Schedule 1A -1, Column 6) (5) \$ **2,000**. 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ **EXPENDITURES** 8. Expenditures 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) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ ___ (23.) \$ _ 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) (24.) \$ _ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ b. Owed to the Committee (Schedule 1E) (12b.) \$ BALANCE STATEMENT 13. Ending Balance of last report filed 30 2,000.00 (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 2,000.00 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ÈNDING BALANCÉ (Subtract line 16 from line 15)



Page _____ of ____

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

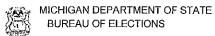
CANDIDATE COMM	AITTEE 2. Committee Name Howers of France K Groom
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased 7. Amount or Fair Market Value 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Podvick Skill Receipt? Yes	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others October 19, 50 \$ 19, 50 \$ 19, 50
If over \$100.00 cumulative, please provide: Occupation:	Description Cost & Printiple-CASh
Employer Name & Business Address: Fund Raiser Contribution	5. Date Of Receipt: 6-16-2018 6. Vendor Name & Address: Click Here for Memo Itemization 1770 I. WASHTONGW 48198
Name & Address Name & Address West Countries If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.
Fund Raiser Contribution	Click Here for Memo-Itemization
Name & Address Name & Address If over \$100.00 cumulative, please provide: Occupation:	4. ☐ Endorsement or Guarantee of Bank Loan Goods Donated or Loaned ☐ Services Donated \$1,000 \$2,075.50 Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description
Employer Name & Address:	5. Date Of Receipt: 6. Vendor Name & Address: Click-Here for Memo Itemization
Fund Raiser Contribution	Page Subtotal Page Subtotal
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule) Enter this total

1. Committee I. D. Number <u>C-2004-029</u>

on line 6 of Summary

Page

.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number (2-2004-029)

CANDIDA	IE COMMITTEE	2. Committee Name	12/2/S 7)	FECTIVICE GE
Enter contributor's name and address middle initial. Check box to indicate i Committee (PAC) Report <u>all</u> contribut	f contribution is from a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Reco	A DISTRET C	and 6-17-18 and 1499 are 100	\$ 1,000 -	s 1,000 -
Occupation	Employer		Click Here to	r Memo Itemization
Business Address Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Recei Name & Address M & LABORE M & CANTRIBUTE LABORE 5. If over \$100.00 cumulative, please	of District Co. Sur	uper 6 30 715 uper 100	\$ \$\loov \cdot \cd	\$ 2,000 Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Tund Raiser		
3. Contribution # 3 PAC Receip Name & Address:	ot? YES 4. Date of Reco	eipt		
5. If over \$100.00 cumulative, please	provide:		\$Click Here for	\$ Memo Itemization
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		,
B. Contribution # 4 PAC Recei	pt? YES 4. Date of Rec	eipt		·
	,		\$	\$
5. If over \$100.00 cumulative, please	provide:			
Occupation	Employer		Click Here for I	Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser	· ·	
	Gr (Comp	Page Subtotal and Total of All Schedules 1A lete on last page of Schedule)	2,000 2000	

Page_____of _____

Enter this total on line 3a of Summary Page.

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		. :						·		
e.										
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