



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 4/24/18 to 8/6/18

1. Committee I.D. Number
C-2007-029
2. Committee Name
Friends of Rodrick K Green

4. Candidate Last Name Green First Name Rodrick M.I. K
4a. Office Sought Including District # or Community Served (If applicable)
County Commissioner
4b. County of Residence Washtenaw

5. Committee's Mailing Address
1889 Ashley Dr
Ypsilanti, Mich 48198
Area Code and Phone _____
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.

6. Treasurer's Name & Residential Address
Rodrick K. Green
1889 Ashley Dr
Ypsilanti, Mich 48198
Area Code & Phone 734-829-7767

7. Treasurer's Business Address
N/A
Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
WASHTENAW COUNTY MI
2018 AUG -6 P 11:30
FILED
Area Code and Phone _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary
 General
 Convention
 Special
 School
 Caucus
Date of Election, Convention or Caucus
8/7/2018

Required ONLY if candidate is not on the ballot for the current year:
 July Quarterly
 October Quarterly
9c. Annual Statement (_____) Coverage Year
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee
 By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Effective date of dissolution _____
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.
Current Treasurer or Designated Record keeper Rodrick K. Green Rodrick K Green Date 8/6/18
Type or Print Name Signature
Candidate Rodrick K. Green Rodrick K Green Date 8/6/18
Type or Print Name Signature



1. Committee I.D. Number C-2007-029

2. Committee Name Friends of Fredrick K Green

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>2,000.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ _____ | (18.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>2,000.00</u> | (20.) \$ <u>2,000.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>79.50</u> | (21.) \$ <u>79.50</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>0 79.50</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ _____ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ _____ | |
| 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) | (11.) \$ _____ | (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 (Enter zero if no previous reports have been filed.) | (13.) \$ <u>0</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>2,079.50 2,000.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>2,079.50 2,000.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>99.50 0</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>2,000.00</u> | |



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2004-029

2. Committee Name Friends of Fredrick K Green

| 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 | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|--------------------------------|---|
| Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Fredrick K. Green</u> <u>1889 Ashley Dr</u> <u>Ypsilanti, MI 48198</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>COST of PRINTING-CASH</u> 5. Date Of Receipt: <u>6-16-2018</u> 6. Vendor Name & Address: <u>Stamps</u> <u>1770 E. WASHINGTON</u> <u>Ypsilanti, MI 48198</u> | \$ <u>79.50</u> | \$ <u>79.50</u> |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Mich. Laborers # 499</u> <u>District Council</u> <u>118 Centennial Way #100</u> <u>LANSING, MI 48217</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>check</u> 5. Date Of Receipt: 6. Vendor Name & Address: | \$ <u>1,000</u> | \$ <u>1,079.50</u> |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Mich. Laborers # 499</u> <u>District Council</u> <u>118 Centennial Way #100</u> <u>LANSING, MI 48217</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>check</u> 5. Date Of Receipt: 6. Vendor Name & Address: | \$ <u>1,000</u> | \$ <u>2,079.50</u> |

Page Subtotal 79.50 79.50
2,079.50 2,079.50
 Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 2,079.50 79.50

Enter this total on line 6 of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-029
2. Committee Name Friends of Rodrick Green

| 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 <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---|---|
| 3. Contribution # 1 | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>6-17-18</u> | |
| Name & Address: <u>Mich. LABORERS DISTRICT Council #499</u> <u>1118 CENTRAL Way, Suite 100</u> <u>LANSING, Mich 48917</u> | | \$ <u>1,000</u> | \$ <u>1,000</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>6-30-18</u> | |
| Name & Address: <u>Mich. LABORERS DISTRICT Council #499</u> <u>1118 CENTRAL Way, Suite 100</u> <u>LANSING, Mich 48917</u> | | \$ <u>1,000</u> | \$ <u>2,000</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 2,000

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 2,000

Enter this total on
line 3a of Summary
Page.

