



**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: 3/7/18 to 8/27/18

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

2. Committee Name
Friends of Rodrick K. Green

5. Committee's Mailing Address
1889 Ashley Dr
Ypsilanti, Mich 48198
Area Code and Phone 734-829-7651
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.

4. Candidate Last Name Green First Name Rodrick M.I. K.
4a. Office Sought Including District # or Community Served (If applicable)
Washington County Commissioner District 2
4b. County of Residence Washington

6. Treasurer's Name & Residential Address
Rodrick K. Green
1889 Ashley Dr
Ypsilanti, Mich 48198
Area Code & Phone 734-829-7651

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

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
N/A
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 lates 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.

FILED
WASHINGTON COUNTY, MI
10 SEP - 6 P 4: 18
CLARENCE KESTENBAUM
COUNTY CLERK/REGISTRAR

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 9/5/18
Candidate Rodrick K. Green Rodrick K. Green Date 9/5/18



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

2. Committee Name Friends of Zedrick L 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>0</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>0</u> | (18.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0</u> | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>0</u> | (20.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0</u> | (21.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0</u> | (22.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>2,000.00</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>0</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>2,000.00</u> | (23.) \$ _____ |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0</u> | (24.) \$ _____ |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>0</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>2,000.00</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>0</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>2,000.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>2,000.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>0</u> | |



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

2. Committee Name Friends of Patrick K Green

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|------------------------|----------------|
| Expenditure #1 Name <u>Michigan Laborers District Council # 494</u> Address <u>1118 Centennial Way #100</u> <u>LANSING, Mich 48217</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Full Rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>3/27/18</u> Date | <u>\$2,000</u> |
| Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |

Subtotal this page 2,000

Grand Total of all Schedules 1B (Complete on last page of Schedule) 2,000

Enter this total on line 8a of Summary Page