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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS

**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 07/01/14 to 07/20/14

1. Committee I.D. Number
45328

2. Committee Name
ReElect Carol Wood for City Council

4. Candidate Last Name **Wood** First Name **Carol** M.I. **E**

4a. Office Sought Including District # or Community Served (if applicable)
Councilmember At-Large

4b. County of Residence **INGHAM**

5. Committee's Mailing Address
**1018 West Lapeer
 Lansing, MI 48915**

Area Code and Phone (517) 482-0213
 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
**Charlie Creamer
 3016 S. Cambridge
 Lansing, MI 48911**

Area Code & Phone (517) 485-2511

7. Treasurer's Business Address
Retired

Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)
**Charles Hallman
 1014 W. Lapeer
 Lansing, MI 48915**

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 _____

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 (Completes 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 hereby 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 **Charles Hallman** Type or Print Name
 Signature *Charles Hallman* Date 07/25/14

Candidate **Carol Wood** Type or Print Name
 Signature *Carol Wood* Date 07/25/14



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 45328

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ReElect Carol Wood for City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(2a.) \$ <u>300.00</u>	(16.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(2b.) \$ <u>NOT APPLICABLE</u>	(17.) \$ _____
c. Subtotal of "Contributions"	(2c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 2c + Line 4)	(5.) \$ <u>\$300.00</u>	(20.) \$ <u>\$300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-BK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-BK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
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 (Offshoots 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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$300.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ _____	
17. ENDING BALANCE (subtract line 16 from line 15)	(17.) \$ <u>\$300.00</u>	