



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.

1. Committee I.D. Number <u>139817</u>		3. This Statement covers From: <u>7/20/2020</u> to <u>8/24/2020</u>	
2. Committee Name <u>DR. WANDA GOODNOUGH</u>		4. Candidate Last Name <u>Goodnough</u> First Name <u>WANDA</u> M.I. <u>L</u>	
5. Committee's Mailing Address <u>WANDA GOODNOUGH</u> <u>11 MICHIGAN</u> <u>MOUNT CLEMENS, MI 48043</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>MOUNT CLEMENS MICHIGAN CITY COMMISSIONER</u>	
Area Code and Phone <u>(586) 147-7979</u> 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.		4b. County of Residence <u>MACOMB COUNTY</u>	
7. Treasurer's Business Address		6. Treasurer's Name & Residential Address <u>RACHELLE GALVAN</u> <u>98 MICHIGAN</u> <u>MOUNT CLEMENS, MI 48043</u>	
Area Code and Phone _____		Area Code & Phone <u>(586) 221-2259</u>	
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. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
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 that no 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 <u>Rochelle Galvan</u> Type or Print Name _____ Signature _____ Date <u>8-26-20</u>		Candidate <u>Wanda Goodnough</u> Type or Print Name _____ Signature _____ Date <u>8/26/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

139817

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name

DR. WANDA Goodnough

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 275⁰⁰

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 275⁰⁰

(18.) \$

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 275⁰⁰

(20.) \$

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 446⁴⁸

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 446⁴⁸

(23.) \$

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 1061³⁹

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 275⁰⁰

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 1,336.39

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 446⁴⁸

17. ENDING BALANCE

(17.) \$ 889.91

(Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139817
2. Committee Name DIC. WANDA GOODENOUGH

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 7/30/2020

Name & Address:

Joe Rutledge Ford
5683 STARROW COURT
WARREN MI 48092

\$ 25.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/2/2020

Name & Address:

Lachara Seale
22055 GRATIOT AVE
48066

\$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation BUSINESS OWNER Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 8/1/2020

Name & Address:

SHIRLEY THOMAS
11211 CHAMPION
WARREN MICH, 48089

\$ 150.00

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

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

Page Subtotal

275.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139817
2. Committee Name DR. WANDA Goodnough

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Gumb's</u> Address <u>53 NORTH WALNUT</u> <u>MOUNT CLEMENS, MI</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/2020</u> Date	<u>\$ 19.59</u>
Expenditure #2 Name <u>Dollar Store</u> Address <u>3710 (S) GROSSBECK HWY</u> <u>CLINTON TWP 48036</u> ☐ Fund Raiser	Purpose: <u>Snacks</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/2020</u> Date	<u>\$ 19.02</u>
Expenditure #3 Name <u>PANORA BREAD</u> Address <u>CLINTON TOWNSHIP MI</u> <u>080420</u> ☐ Fund Raiser	Purpose: <u>Food for TEAM</u> <u>DR. WANDA Goodnough</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/2020</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name <u>KFC</u> Address <u>373019 Mount Clemens</u> <u>MI 48043</u> ☐ Fund Raiser	Purpose: <u>Food for TEAM</u> <u>DR. WANDA Goodnough</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/2020</u> Date	<u>\$ 178.17</u>
Expenditure #5 Name <u>Dunkin Donuts</u> Address <u>45 GROSSBECK</u> <u>CLINTON TOWNSHIP MI</u> <u>48036</u> ☐ Fund Raiser	Purpose: <u>BREAKFAST for</u> <u>DR. WANDA Goodnough</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/2020</u> Date	<u>\$ 4.00</u>

Subtotal this page

196.78

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name

PR. WANDA GOODNOUGH

139817

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MOZ CINEARTX'S</u> Address <u>42 HEDDEN AVE</u> <u>MOUNT CLEMENS</u> <u>MI 48043</u> ☐ Fund Raiser	Purpose: <u>SWEARING IN AS</u> <u>CITY COMMISSIONER</u> (PHOTOGRAPHS) ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2020</u> Date	<u>\$ 250.00</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

250.00

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

Enter this total
on line 8a of
Summary Page