WINGTIGATION DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)

FILED WITH THE COUNTY CLERK

Information on this form is made public

1. Committee ID#: 87-2950417 *2. Type of Filing: Moriginal: Amendment to Items: Eff. Date: 10/5/2021
87-2950417 Amendment to Items: Eff. Date: 10/5/2021
Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual. 3a Independent Committee: I/We acknowledge that the committee must meet certain requirements before being legally qualified to make
contributions at a limit that is 10 times greater than the applicable contribution limit for an individual.
3b Political Committee: I/We acknowledge that the committee is not legally qualified to make contributions at a limit that is greater than the
applicable contribution limit for an individual.
Is this a Separate Segregated Fund (SSF)? YES X NO If Yes, the sponsor is a Corporation Labor Organization D.D.S
The sponsor's name is:
*3c Independent Expenditure Committee: I/We recognize this committee is organized exclusively for the purpose of making independent expenditures
that are not in any way made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate committee or its agents, or political party committee or its agents. An IEC/Super PAC must not make a contribution to a candidate committee, independent committee,
political committee, or house or senate political party caucus committee. Independent Expenditure committees are commonly referred to as Super
PACS.
4a. Full Name of Committee (Must include affiliate or sponsors if Independent or Political Committee only):
4b. Acronym or Abbreviation (if any): FH43E
4b. Acronym or Abbreviation (if any): トHHJE *5a. Complete Committee Mailing Address (May be PO Box):
2205 Knottpoint Br. NE Ada, MI 49301
*5b. Complete Committee Street Address (May not be PO Box):
2205 Knollpoint Dr. NE Ada, MI 49301
10/5/2021
*7a. Committee Phone: (616)862-9832*7c. Committee E-mail Address: fhforjusteducation@gmail.com
7b. Committee Fax: 7d. Committee Website Address: WWW. fh for justeducation. org
Stefanie Boone 2205 Knollpoint Dr. NE Ada, MI 49301
Phone #: (616) 862-9832 Email Address: drabooned comcast. net
OUT OF STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I/We stipulate and agree that any legal process affecting this committee
served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other
orincipals of this committee. I/We further agree that this appointment shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.
3. Designated Record Keeper Name and Complete Address:
Stefanic Boone 2205 Knollpoint Dr. NE Ada MI 49301
D. Designated Record Keeper Name and Complete Address: Stefanic Boone 2205 Knollpoint Dr. NE Add. MI 49301 Phone #:(UU) 862-9832 Email Address: draboone@comcast.net
LO. REPORTING WAIVER REQUEST:
YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000.00 in a
calendar year. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in a calendar year, the committee does not
owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the
\$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late
Contribution Reports. NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000.00 in a calendar
year. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00
in a calendar year. I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid
paying late filling fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
*Official Depository (name and address): \[\lambda \
Macatawa Bank Secondary Depository (name and address):
*12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and
complete to the best of my/our knowledge or belief. If filing campaign statements electronically, I/we further agree that the signatures below shall serve as
the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence
will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
complete to the best of my/our knowledge or belief. (Sign Name and Date below)
*Current Treasurer *Designated Record Keeper (If Applicable)
Sty ami 6000 Date: 10/5/21 Sty ami 60000 Date: 10/5/21