



REC'D: KENT ELECTORAL
NOV 2 2021 11:57 AM

1. Committee ID #: 2021032 *2. Type of Filing: Original: Amendment to Items: 10, 5a Eff. Date: 10/21/21

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 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):
Forest Hills for JUST Education

4b. Acronym or Abbreviation (if any): FH4JE

*5a. Complete Committee Mailing Address (May be PO Box):
P.O. Box 438 Ada, MI 49301

*5b. Complete Committee Street Address (May not be PO Box):
2205 Knollpoint Dr. NE Ada, MI 49301

*6. Date Committee was Formed in MI:

*7a. Committee Phone: *7c. Committee E-mail Address:

7b. Committee Fax: 7d. Committee Website Address:

*8. Treasurer Name and Complete Address:

Phone #: Email Address:

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 principals 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.

9. Designated Record Keeper Name and Complete Address:

Phone #: Email Address:

10. 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 filing 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):

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 Stephanie Boone *Designated Record Keeper (If Applicable) Stephanie Boone
Date: 10/21/21 Date: 10/21/21