

# INDEPENDENT/POLITICAL 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		3. This Statement covers From: 01/01/22	<sub>To</sub> 03/31/22		
1. Committee I.D. Number 2021032		4. Committee's Mailing Address P.O. Box 438 Ada, MI 49301			
2. Committee Name Forest Hills for JUST Education		Area Code and Phone (616) 862-9832  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.			
5. Treasurer's Name and Residential Address Stefanie Boone 2205 Knollpoint Dr. NE Ada, MI 49301					
		Area Code and Phone (616) 8			
6. Treasurer's Business Address 2205 Knollpoint Dr. NE Ada, MI 49301		7. Designated Record Keeper's Name and Mailin Record Keeper) Stefanie Boone 2205 Knollpoint Dr. NE Ada, MI 49301	ng Address (If the committee has a Designated		
Area Code and Phone (616) 862-9832	2		Area Code and Phone (616) 862-9832		
8. TYPE OF STATEMENT:  APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL		APPLICABLE TO INDEPENDENT AND OLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL		
8a. QUARTERLY STATEMENTS  January 31	8c. [	ANNUAL STATEMENT (Coverage Year) Local Candidates Exempted PRE-ELECTION OR	8f. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)		
April 25  July 25  October 25  8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	8e.	POST-ELECTION  Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL  CONVENTION SCHOOL  SPECIAL CAUCUS  Date of Election, Convention or Caucus:  July 25 Quarterly  October 25 Quarterly	Bg. DISSOLUTION OF COMMITTEE  Elfective Date of Dissolution  By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.  Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.		
9. Verification: I certify that all reasonable diligence was knowledge and belief the contents are true, accurate a Current Treasurer or Designated Record Keeper Type or Print Name	ind con	in the preparation of this statement and attached applete.  , Statement and attached signature	schedules (If any) and to the best of my		

1. Commiltee I.D. Number 2021032

SUMMARY PAGE

2. Committee Name Forest Hills for JUST Education

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column 1 This Period	Column II Cumulative for Calendar Year
s. Contributions a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) S1,031.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) § 1,031.00	(18.) \$
. Other Receipts (Schedule 2A-1, Column 6)	(4.) S	(19.) \$ (1.00
. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) N-KIND CONTRIBUTIONS	(5.) S1,031.00	(20.) \$1,031.00
i. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(би.) 8353.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) S NOT APPLICABLE	
. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) XPENDITURES	(7.) S353.00	(21.) \$353.00
Expenditures	(8a.) S	
a. Itemized Direct (Schedule 2B, Column 7)	(8b.) S 0.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	0.00	
<ul> <li>c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)</li> </ul>	0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(80.) 5	0.00
e. Subtotal of Expenditures	(80.) 5	(22.)\$ 0.00
, Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	$\begin{array}{c c} (23.)8 & 0.00 \\ \hline 0.00 & 0.00 \\ \end{array}$
0. TOTAL EXPENDITURES (Add Line 8e + Line 9) N-KIND EXPENDITURES	(10.) \$	(24.) \$
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS	(11.)8	(25.) \$
2. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) S	
b. Owed to the Committee (Schedule 2E)	(12b.) § 0.00	
I3. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
Amount received during reporting period     (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 1,031.00	
5. SUBTOTAL Add lines 13 and 14	(15.) = 2,011.00	
6, Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.)	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	

<sup>\*</sup>If your ending balance is negative, please recheck your math.



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

REAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number 2021032

#### INDEPENDENT OR POLITICAL COMMITTEE

Egypties Name Forest Hills for JUST Education

INDEPENDENT OR POLITICAL CONTINUE 1 2. Committee Name 1 0103		Laucation
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Contribution # 1 Is this contribution from a PAC?  YES  4. Date of Receipt 02/03/22  Name & Address:		
Jenny Riedel	<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
6884 Adaridge Dr. SE		-
Ada, MI 49301		
5. If over \$100.00 cumulative, please provide:	Click Here for f	Memo Itemization Type
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 02/03/22		
Name & Address: Amber Sheffer	<sub>\$</sub> 200.00	<sub>s</sub> 200.00
9239 28th St. SE	Ψ	
	Click Here for N	Memo Itemization Type
Ada, MI 49301	SHOW HOLD TO IT	The state of the s
5. If over \$100.00 cumulative, please provide: Occupation Unemployed Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Type of continuous V Direct		
3. Contribution # 3 YES 4. Date of Receipt 02/03/22		
Is this contribution from a PAC?		
Name & Address:	\$ 586.00	\$586.00
Vinayak Manohar		• -
4031 Maracaibo Shores Dr.	Click Here for N	nemo Itemization Type
Grand Rapids, MI 49546		
5. If over \$100.00 cumulative, please provide:		
Occupation Retired Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 YES 4. Date of Receipt 02/03/22		
Is this contribution from a PAC?		00.00
Name & Address:	<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
Mike Luyckx		
629 Alta Dale	Click Here for I	Memo Itemization Type
Ada, MI 49301		
5. If over \$100,00 cumulative, please provide:		
Occupation Employer	_	
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser	total \$ 8 3).0	<u>~                                     </u>
· ·		<u> </u>
Grand Total of All Schedule (Complete on last page of Sched	szA   dule)	***
(Compare on last hage or coner	Enter this total	
	on line 3a of	
	Summary Pag	е

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number 2021032

#### INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Forest Hills for JUST Education

Please enter contributor's name and addres and middle initial. Check box to indicate if of Committee (Both are commonly called PAC	contribution is from a Political Co	vidual, enter last name, first name, ommittee or an Independent	6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through date of receipt)	
3. Contribution # 1 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt <u>02/0</u>		and the second s		
Greg King			<sub>\$</sub> 100.00	\$ <u>100.00</u>	
6334 Bechalla Dr. SE Grand Rapids, MI 49546					
5. If over \$100.00 cumulative, please pr	auldas		Click Here for	Memo Itemization Type	Ţ
Occupation			0,000,000		L
Business Address	_спироуат	······································			
Type of Contribution:	Loan from a person	Fund Raiser			
3. Contribution # 2 Is this contribution from a PAC? YE Name & Address:	S 4. Date of Receipt		400.00	400.00	
David Haines			<sub>\$</sub> 100.00	<sub>\$</sub> 100.00	
2391 Grand Valley Dr. NE			Citate Mana for I	Association Type	[₩]
Ada, MI 49301			Click Here for i	Memo Itemization Type	Ľ
5. If over \$100.00 cumulative, please pro					
Occupation	Employer				
Business Address					
Type of Contribution: Direct	Loan from a person	Fund Raiser			
3. Contribution # 3	S 4. Date of Receipt				
Is this contribution from a PAC?	<u> </u>				
Name & Address:			\$	<u>\$</u>	
					<del>1</del>
			Click Here for h	Memo Itemization Type	_
5. If over \$100.00 cumulative, please pro	vide:				
Occupation	Employer				
Business Address					
Type of Contribution: Direct	Loan from a person	Fund Ralser			
3. Contribution # 4 YES	4. Date of Receipt				
Is this contribution from a PAC? \ \ \ \ \ \ \				•	
			\$	<u> </u>	
			Click Here for	Memo Itemization Type	~
5. If over \$100,00 cumulative, please p	rovide:				
Occupation	Employer		-		
Business Address -		Fund Balear			
Type of Contribution: Direct	Loan from a person	Fund Raiser Page Subt	otal \$200.00	)	
		Grand Total of All Schedules			
		(Complete on last page of Sched	lule) [Ψ1,001.		
		,	Enter this tota on line 3a of Summary Pag		

 $_{\text{Page}}$   $\underline{2}$  of  $\underline{2}$ 



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 2-IK

1. Committee I. D. Number <u>2021</u>032

SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name
Forest Hills for JUST Education

MDEL FUDERI OKT OFFICAL COMMITTE		T"	
3. Name and Address from whom received	Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Calendar Year
If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political	5. Date of Receipt	value	(Through date in Item 5)
Committee or Independent Committee (Both are commonly called PACs).	Name & Address of Vendor from whom goods or services were purchased		
Contribution # 1 PAC Receipt? YES 4.	Endorsement or guarantee of bank loan	050.00	<b>#</b> 050.00
Douglas Lee	Goods Donated or Loaned	<sub>\$</sub> 353.00	\$353.00_
8613 52nd St. Ada, MI	Services Donaled	Click Here for Memo	ltemization Type
Ada, IVII	Goods or Services Purchased by Others		
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Olhers- LOAN		
Occupation: Business Owner	Description Door Hangers and Labels		•
Employer Name & Address: Taro Systems	5. DATE OF RECEIPT: 03/31/22		
6860 Cascade Rd. SE	6. VENDOR NAME & ADDRESS:		
Grand Rapids, MI 49546	Vista Print 275 Wyman St.		
Fund Raiser Contribution	Waltham, MA 02451		
Contribution # 2 PAC Receipt? YES 4. Name & Address:	Endorsement or guarantee of bank loan		
Thank a real sco.	Goods Donated or Loaned	\$	\$
	Services Donated		
	Goods or Services Purchased by Others	Click Here for Memo	Itemization Type
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others- LOAN		
Occupation:	Description		
Employer Name & Address	5. DATE OF RECEIPT:		
	6. VENDOR NAME & ADDRESS:		
Fund Raiser Contribution			
Contribution # 3 PAC Receipt? YES 4 Name & Address:	Endorsement or guarantee of bank loan		
Name & Addiess.	Goods Donated or Loaned	\$	\$
	Services Donaled	Click Here for Mem	o Itemization Type
	Goods or Services Purchased by Others		••
It was \$400.00 aumulative plages provide:	Goods or Services Purchased by Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address	5. DATE OF RECEIPT:		
	6. VENDOR NAME & ADDRESS:		
L L D L L D L L D L L D L L L D L L L D L			
Fund Raiser Contribution	Page Subtote	\$353.00	
	Grand Total of all Schedules2-I	,	
	(Complete on last page of Schedules		}
		Enter this total on line 6a of	

Summary Page

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