



MICHIGAN 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

Kent County Clerk  
Elections Division

JUL 19 2022

<b>1. Committee ID #:</b> 2021032	*2. Type of Filing: <input type="checkbox"/> Original: 8 <input checked="" type="checkbox"/> Amendment to Items:	Eff. Date: 07/19/2022
Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual.		
*3a <input type="checkbox"/> 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 <input type="checkbox"/> 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)? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, the sponsor is a <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> D.D.S. The sponsor's name is:		
*3c <input type="checkbox"/> 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): <b>Forest Hills for JUST Education</b>		
4b. Acronym or Abbreviation (if any): <b>FH4JE</b>		
*5a. Complete Committee Mailing Address (May be PO Box): <b>P.O. Box 438 Ada, MI 49301</b>		
*5b. Complete Committee Street Address (May not be PO Box): <b>2205 Knollpoint Dr. NE Ada, MI 49301</b>		
*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: <b>Thomas R. Nemcek 6302 Patagonia Drive SE Grand Rapids, MI 49645-6736</b> Phone #: <b>(616) 901-0663</b> Email Address: <b>nemcekt@yahoo.com</b> <input type="checkbox"/> 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: <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Stefani Boone</i>	Date: 07/19/2022	*Designated Record Keeper (If Applicable) <i>Stefani Boone</i> Date: 07/19/2022