



JUL 26 2022

**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: 04/21/22 To 07/20/22

1. Committee I.D. Number  
**2021032**

2. Committee Name  
**Forest Hills for JUST Education**

4. Committee's Mailing Address  
**PO Box 438  
Ada, MI 49301**  
  
Area Code and Phone (616) 832-9832  
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  
**Thomas R. Nemcek  
6302 Patagonia Drive SE  
Grand Rapids, MI 49546**  
  
Area Code and Phone (616) 901-0663

6. Treasurer's Business Address  
**6302 Patagonia Drive SE  
Grand Rapids, MI 49546**  
  
Area Code and Phone (616) 901-0663

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)  
**Thomas R. Nemcek  
6302 Patagonia Drive SE  
Grand Rapids, MI 49546**  
  
Area Code and Phone (616) 901-0663

8. TYPE OF STATEMENT:  
 APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL

8a. QUARTERLY STATEMENTS  
  
 January 31  
 April 25  
 July 25  
 October 25

8c.  ANNUAL STATEMENT  
(Coverage Year) Local Candidates Exempted  
8d.  PRE-ELECTION OR  
8e.  POST-ELECTION  
  
Pre-Election or Post-Election Statement relates to:  
 PRIMARY  GENERAL  
 CONVENTION  SCHOOL  
 SPECIAL  CAUCUS

8f.  AMENDMENT TO CAMPAIGN STATEMENT  
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)  
  
8g.  DISSOLUTION OF COMMITTEE  
  
Effective Date of Dissolution

8b.  SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

Date of Election, Convention or Caucus:  
  
 July 25 Quarterly  
 October 25 Quarterly

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 Waiver.  
  
**Note:** The disposition of residual funds must be reported on Schedule 2B and the Summary Page.

Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Thomas R. Nemcek Type or Print Name  
Signature *Thomas R. Nemcek* Date 07/25/22



1. Committee I.D. Number 2021032

2. Committee Name Forest Hills for JUST Education

**SUMMARY PAGE  
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>1,335.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,335.00</u>	(18.) \$ <u>1,031.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add line 3c + Line 4)	(5.) \$ <u>1,335.00</u>	(20.) \$ <u>2,366.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0</u>	(21.) \$ <u>353.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>861.42</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>861.42</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>861.42</u>	(24.) \$ <u>1,214.42</u>
<b>IN-KIND EXPENDITURES</b>		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,011.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>1,335.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>3,346.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>861.42</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,484.58</u>	*

\*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A**

**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 2021032

2. Committee Name Forest Hills for JUST Education +

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)
-----------	--------------------------------------------------------------------------------

3. Contribution # 1  
Is this contribution from a PAC?  YES 4. Date of Receipt 04/20/22

Name & Address:  
Amber Sheffield  
9239 28th Street SE  
Ada, Michigan 49301

\$ 200.00      \$ 200.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)

Occupation Bartender Employer The Gilmore Collection

Business Address 20 Monroe Ave NW Suite 400, Grand Rapids, MI 49503

Type of Contribution:  Direct     Loan from a person     Fund Raiser

3. Contribution # 2  
Is this contribution from a PAC?  YES 4. Date of Receipt 04/20/22

Name & Address:  
Doug Lee  
8613 52nd Street SE  
Ada, Michigan 49301

\$ 30.00      \$ 30

[Click Here for Memo Itemization Type](#)

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct     Loan from a person     Fund Raiser

3. Contribution # 3  
Is this contribution from a PAC?  YES 4. Date of Receipt 05/01/22

Name & Address:  
Vinayak Manohar  
4031 Maracaibo Shores Drive SE  
Grand Rapids, Michigan 49546

\$ 305.00      \$ 576.00

[Click Here for Memo Itemization Type](#)

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

Occupation Physician Employer Trinity Health Medical Group

Business Address 200 Jefferson Avenue SE, Grand Rapids, MI 49503

Type of Contribution:  Direct     Loan from a person     Fund Raiser

3. Contribution # 4  
Is this contribution from a PAC?  YES 4. Date of Receipt 06/08/22

Name & Address:  
Keith Hull  
8155 36th Street SE  
Ada, Michigan 49301

\$ 100.00      \$ 100

[Click Here for Memo Itemization Type](#)

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

Occupation Business Owner Employer Self

Business Address 8155 36th Street SE, Ada, MI 49301

Type of Contribution:  Direct     Loan from a person     Fund Raiser

Page Subtotal	\$906.00
Grand Total of All Schedules 2A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page



**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 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)

3. Contribution # 1  
Is this contribution from a PAC?  YES 4. Date of Receipt 06/09/22

Name & Address:  
Vinayak Manohar  
4031 Maracaibo Shores Drive SE  
Grand Rapids, MI 49546

\$ 665.00

\$ 1,241.00

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

Occupation Physician Employer Trinity Health Medical Group

[Click Here for Memo Itemization Type](#)

Business Address 200 Jefferson Avenue SE, Grand Rapids, MI 49503

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2  
Is this contribution from a PAC?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address:  
Rose Holden  
8155 Riva Ridge Drive SE  
Grand Rapids, MI 49546

\$ 35.00

\$ 35.00

[Click Here for Memo Itemization Type](#)

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3  
Is this contribution from a PAC?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

[Click Here for Memo Itemization Type](#)

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4  
Is this contribution from a PAC?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

[Click Here for Memo Itemization Type](#)

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

\$700.00

Grand Total of All Schedules 2A  
(Complete on last page of Schedule)

\$1,335.00

Enter this total  
on line 3a of  
Summary Page



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number **2021032**  
Forest Hills for JUST Education

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: VistaPrint, Inc. 275 Wyman Street Waltham, MA 02451  4. Purpose: <u>Literature Printing</u>  <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date <u>04/25/22</u>	\$ _____ <u>\$551.42</u>	\$ _____ <u>\$551.42</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name & Address: NextDoor.com, Inc. 420 Taylor Street San Francisco, CA 94102  4. Purpose: <u>Online Ad</u>  <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date <u>05/03/22</u>	\$ _____ <u>\$310.00</u>	\$ _____ <u>\$310.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name & Address:   4. Purpose: _____  <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name & Address:   4. Purpose: _____  <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$861.42**

Grand Total of all Schedules 2B  
(Complete on last page of Schedule) **\$861.42**

Enter this total on line 8a of the Summary Page