



**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: 01/01/23 To 04/16/23

1. Committee I.D. Number
2021032

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.

2. Committee Name
Forest Hills for JUST Education

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

Date of Election, Convention or Caucus:
05/02/23

 July 25 Quarterly
 October 25 Quarterly

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

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.

8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

9. 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
Thomas R. Nemcek Signature Date 04/21/23



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>1,020.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,020.01</u>	(18.) \$ <u>1,020.01</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>1,020.01</u>	(20.) \$ <u>1,020.01</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>12,577.07</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>12,577.07</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>12,577.07</u>	(23.) \$ <u>12,577.07</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>12,577.07</u>	(24.) \$ <u>12,577.07</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>21,155.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>1,020.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>22,175.76</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>12,577.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,598.69</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).

3. Contribution # 1
Is this contribution from a PAC? YES 4. Date of Receipt 01/12/23
Name & Address:
Vinayak Manohar
4031 Maracaibo Shores SE
Grand Rapids, MI 49546
6. Amount \$ 1,000.01 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ 1,000.01
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation Physician Employer Trinity Health Medical Group
Business Address 200 Jefferson Avenue SE, Grand Rapids, MI 40503
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? YES 4. Date of Receipt 10/28/22
Name & Address:
Don Kreuze
9409 Edgerton Avenue NE
Rockford, MI 49341
6. Amount \$ 20.00 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ 20.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation Retired Employer Retired
Business Address N/A
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:

6. Amount \$ _____ 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
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:

6. Amount \$ _____ 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$1,020.01**
Grand Total of All Schedules 2A (Complete on last page of Schedule) **\$1,020.01**

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: Kent County Clerk Elections Department 300 Monroe Avenue NW Grand Rapids, MI 49503 4. Purpose: <u>Late Filing Fee - January 2023</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	02/02/23 Date	\$ 25.00	\$ 25.00 Click Here for Memo Itemization Type
Expenditure #2 Name & Address: Square, Inc. 1455 Market Street, Suite 600 San Francisco, CA 94103 4. Purpose: <u>Transaction Fees</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	03/27/23 Date	\$ 00.88	\$ 00.88 Click Here for Memo Itemization Type
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	\$ _____	\$ _____ Click Here for Memo Itemization Type
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	\$ _____	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$25.88**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$25.88**

Enter this total on line 8a of the Summary Page



**ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 2021032
2. Committee Name Forest Hill for JUST Education **+**

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Advanced Campaign Technologies 6280 Timpson Avenue SE Alto, MI 49302	5. <u>Cribbs, DeBoer, Donovan, Lee</u> Name of Candidate <u>FHPS Board of Education</u> Office Sought & District # or Jurisdiction <u>Kent</u> Ballot Proposal County	<u>01/23/23</u> Date	\$ <u>12,085.47</u>	\$ <u>12,085.47</u>
4. Purpose: <u>Campaign Mailers</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: Advanced Campaign Technologies 6280 Timpson Avenue SE Alto, MI 49302	5. _____ Name of Candidate <u>Algoma Township KDL</u> Office Sought & District # or Jurisdiction Ballot Proposal <u>Kent</u> County	<u>04/11/23</u> Date	\$ <u>465.72</u>	\$ <u>465.72</u>
4. Purpose: <u>Campaign Mailers</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction Ballot Proposal _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page	\$12,551.19
Grand Total of all Schedules 2B-1 (Complete on last page of Schedule)	\$12,551.19

Enter this total on line 9 of the Summary Page