



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

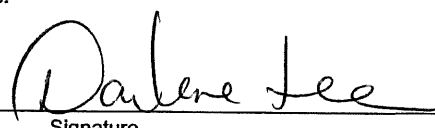
Clear Form

BALLOT QUESTION COMMITTEE  
COVER PAGE

REC'D, KENT ELECTIONS  
OCT 27 2023 AM 10:15

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

1. Committee I.D. Number <b>2023022</b>		3. This Statement covers From: <b>7/21/23</b> To <b>10/22/23</b>	
2. Committee Name <b>Yes for GR Kids</b>		4. Committee's Mailing Address <b>1557 Belmar Dr. SE, Grand Rapids, MI 49508</b>  Area Code and Phone: <b>6168283332</b> <small>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.</small>	
5. Treasurer's Name and Residential Address <b>Darlene Lee, 1557 Belmar Dr. SE, Grand Rapids, MI 49508</b>  Area Code and Phone <b>6168283332</b>			
6. Treasurer's Business Address <b>1557 Belmar Dr. SE, Grand Rapids, MI 49508</b>  Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address <small>(If the committee has a Designated Record Keeper)</small> <b>Darlene Lee, 1557 Belmar Dr. SE, Grand Rapids, MI 49508</b>  Area Code and Phone <b>6168283332</b>	
<b>8. TYPE OF STATEMENT:</b>  8a. <input checked="" type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION  Pre-Election or Post-Election Statement relates to:  <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____  Date of Election: _____		8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input checked="" type="checkbox"/> OCTOBER STATEMENT  8c. <input type="checkbox"/> ANNUAL STATEMENT ( _____ Coverage Year)  8d: <input type="checkbox"/> Post Petition Sample Filing under MCL 168.483a  (Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)  8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST  Effective Date of Dissolution _____  By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.			
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.</p>			
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		<b>Darlene Lee</b> ,  Type or Print Name Signature	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

		Column I This Period	Column II Cumulative for Election Cycle
<b>RECEIPTS</b>			
3. Contributions			
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$	<u>28,200.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>28,200.00</u>	(18.) \$ <u>29,145.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$	<u>28,200.00</u>	(20.) \$ <u>29,145.00</u>
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$	<u>250.00</u>	(21.) \$ <u>1,495.00</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$	<u>20,561.96</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>20,561.96</u>	(22.) \$ <u>20,561.96</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ <u>0.00</u>
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$	<u>20,561.96</u>	(24.) \$ <u>20,561.96</u>
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-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 4E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(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>945.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>28,200.00</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) =	<u>29,145.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>20,561.96</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>8,584.00</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rohwer, Milton 30 College Ave SE #64, Grand Rapids, MI 49503		4. Date of Receipt <u>7/26/23</u> \$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kribs, Rhonda 10760 Sun Da Go Dr. SE, Middleville, MI 49333		4. Date of Receipt <u>0726/23</u> \$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Chief Financial Officer</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>1331 Martin Luther King Jr. St., Grand Rapids, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Lewis, Katherine 2534 Summit Ridge, Grand Rapids, MI 49405		4. Date of Receipt <u>7/31/2023</u> \$ <u>\$100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Roby, Leadriane 2534 Summit Ridge, Grand Rapids, MI, 49508		4. Date of Receipt <u>8/02/23</u> \$ <u>\$500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>1331 Martin Luther King Jr. St. Grand Rapids, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1350

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dean, Kellie 4812 Aurelius Rd, Lansing	4. Date of Receipt <u>8/02/23</u>	\$ <u>5000</u>	\$ <u>5000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President/Owner</u> Employer <u>Dean Transportation</u> Business Address <u>4812 Aurelius Rd, Lansing, MI 48910</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Shaffer, Dave 415 Leonard St NW, Ste. 110, Grand Rapids, MI, 49504	4. Date of Receipt <u>8/03/23</u>	\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>415 Leonard St NW, Grand Rapids</u> Business Address <u>415 Leonard St NW, Grand Rapids, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Smart, David 5584 Albright, SW, Grandville, MI 49418	4. Date of Receipt <u>8/03/23</u>	\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>900 Union NE, Grand Rapids, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Barnes, Eric 2041 Ontonagon SE, Grand Rapids, MI, 49507	4. Date of Receipt <u>8/08/23</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 6350.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00  
Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: Evans, John 1961 Leonard St NE Grand Rapids, MI 49505</p>		<p>4. Date of Receipt <u>8/08/23</u></p> <p>\$ <u>100</u></p>	<p>\$ <u>100</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 2 Name &amp; Address: Ilahi, Rukshana 1046 Veto St NW, Grand Rapids, MI 49504</p>		<p>4. Date of Receipt <u>8/08/23</u></p> <p>\$ <u>200</u></p>	<p>\$ <u>200</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Executive Director of</u> Employer <u>Grand Rapids Public Schools</u></p> <p>Business Address <u>1331 Martin Luther King Jr St. SE, Grand Rapids, MI 49505</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 Name &amp; Address: Nelson, Karl 6227 Acropolis Drive SE Grand Rapids, MI 49546</p>		<p>4. Date of Receipt <u>8/10/23</u></p> <p>\$ <u>250</u></p>	<p>\$ <u>250</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Education</u> Employer <u>Grand Rapids Public Schools</u></p> <p>Business Address <u>1331 Martin Luther King Jr. St. , Grand Rapids, MI 49506</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 Name &amp; Address: Hendrix, Leon 8224 Boardwalk Dr, Byron Center, MI 49315</p>		<p>4. Date of Receipt <u>8/11/23</u></p> <p>\$ <u>250</u></p>	<p>\$ <u>250</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Executive Director of</u> Employer <u>Grand Rapids Public Schools</u></p> <p>Business Address <u>1331 Martin Luther King, Jr St. Grand Rapids, MI 49506</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			

Page Subtotal

800.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

38200.00

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Beresford, Matthew 2372 Longmeadow Street Northwest Grand Rapids, MI 49504		4. Date of Receipt <u>8/11/23</u> \$ <u>250</u>	\$ <u>250</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Leadership</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>1331 Martin Luther King Jr. St. Grand Rapids, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Lusk, Anna 53 Skyline Cir NW, Grand Rapids, MI 49504		4. Date of Receipt <u>8/11/23</u> \$ <u>300</u>	\$ <u>300</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Superintendent</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>Assistant Superintendent of HR/General Counsel</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Atkins, Mel 4489 Versatile Ct. SW, Wyoming, MI 49418		4. Date of Receipt <u>8/13/23</u> \$ <u>100</u>	\$ <u>100</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Gardner, Donald 3145 East Fulton NE Grand Rapids MI 49506		4. Date of Receipt <u>8/16/23</u> \$ <u>100</u>	\$ <u>100</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 750.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00  
Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
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BALLOT QUESTION COMMITTEE

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2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Rockford Construction 601 First St. NW, Grand Rapids, MI 49504		4. Date of Receipt <u>8/17/23</u> \$ <u>5000</u>	\$ <u>5000</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Bliss, Rosalynn, 21 Holmdene Blvd, Grand Rapids, MI 49503		4. Date of Receipt <u>8/18/23</u> \$ <u>100</u>	\$ <u>100</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Harmsen, John 7589 Sunfish Lake Court Northeast, Rockford, MI 49341		4. Date of Receipt <u>8/19/23</u> \$ <u>250</u>	\$ <u>250</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director of</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>1331 Martin Luther King Southeast Grand Rapids, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Notario-Risk, Nicole 829 Russwood St. NE, Grand Rapids, MI 49505		4. Date of Receipt <u>8/19/23</u> \$ <u>25.00</u>	\$ <u>25.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 5375.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00  
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Summary  
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
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BALLOT QUESTION COMMITTEE

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2. Committee Name Yes for Gr Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> Name & Address: Dean, Kellie 4812 Aurelius Rd, Lansing, MI 48910		4. Date of Receipt <u>8/28/23</u> \$ <u>5000</u>	\$ <u>10.000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President/Owner</u> Employer <u>Dean Transportation</u> Business Address <u>4812 Aurelius Rd, Lansing, MI 48910</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 2</b> Name & Address: Walton, Mary 1911 Francis SE, Grand Rapids, MI 49507		4. Date of Receipt <u>8/28/23</u> \$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 3</b> Name & Address: Lee, Tamara 1557 Belmar Dr SE Grand Rapids, MI		4. Date of Receipt <u>8/30/23</u> \$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 4</b> Name & Address: Clinton, Thomas 238 Madison Ave SE, Grand Rapids, MI 49503		4. Date of Receipt <u>8/30/23</u> \$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 5140.00

Grand Total of All Schedules 4A  
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28,200.00  
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number 2023022

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Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Gordan Foods 4990 Clay Ave SW, Grand Rapids, MI 49548	4. Date of Receipt <u>8/31/23</u>	\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: People, Eureka 3192 Anisko Dr, Grand Rapids, MI 49525	4. Date of Receipt <u>9/02/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Robertson, Dale 3370 Brookpoint Dr. SE, Grand Rapids, MI 49546	4. Date of Receipt <u>9/05/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Stier, Lucas 835 Calvin Ave SE, Grand Rapids, MI 49506	4. Date of Receipt <u>9/06/23</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1200.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,800.00

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
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2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> Name & Address: Wolters, Kate 2260 Cascade Springs Drive, SE, Grand Rapids 49546		4. Date of Receipt <u>9/0623</u> \$ <u>500.00</u>	\$ <u>500.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>901 44th Street, Grand Rapids, MI</u> Business Address <u>901 44th Street, Grand Rapids, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<b>3. Contribution # 2</b> Name & Address: Jones, Joe 2528 Orchard View Drive Northeast Grand Rapids, MI 49505		4. Date of Receipt <u>9/07/23</u> \$ <u>250.00</u>	\$ <u>250.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Pastor</u> Employer <u>Brown Hutcherson Ministries</u> Business Address <u>618 Jefferson SE, Grand Rapids, 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
<b>3. Contribution # 3</b> Name & Address: Hennessy, Carol 1510 Kenan Avenue Northwest, Grand Rapids, MI 49504		4. Date of Receipt <u>9/7/23</u> \$ <u>50.00</u>	\$ <u>50.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
<b>3. Contribution # 4</b> Name & Address: Cranson, Jeffrey 2618 College Ave., Grand Rapids, MI 49505		4. Date of Receipt <u>9/7/23</u> \$ <u>100.00</u>	\$ <u>100.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

900.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 Name & Address: Crabb, Elizabeth 2464 Coit Avenue NE Grand Rapids, MI, 49505	4. Date of Receipt <u>9/7/23</u>	6. Amount \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Fundraiser</u> Employer <u>Literacy Center of West Michigan</u> Business Address <u>1120 Monroe Avenue NW Suite 240, Grand Rapids, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<a href="#">Click Here for Memo Itemization</a>			

3. Contribution # 2 Name & Address: Golazeswki, John 1384 Olde Evergreen Way Holland, MI 49423	4. Date of Receipt <u>9/9/23</u>	6. Amount \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<a href="#">Click Here for Memo Itemization</a>			

3. Contribution # 3 Name & Address: Clayton-Trigg, Diane 4342 Saint Annes Avenue Southeast Kentwood, MI 49512	4. Date of Receipt <u>9/10/23</u>	6. Amount \$ <u>25.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
<a href="#">Click Here for Memo Itemization</a>			

3. Contribution # 4 Name & Address: Kurt Johnson 1331 Martin Luther King Jr St SE Grand Rapids, MI 49506	4. Date of Receipt <u>9/11/23</u>	6. Amount \$ <u>250.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Kurt Johnson Executive</u> Employer <u>Grand Rapids Public Schools</u> Business Address <u>1331 Martin Luther King Jr St SE Grand Rapids, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<a href="#">Click Here for Memo Itemization</a>			

Page Subtotal 475.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 2023022  
2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Flores, Jose' 1066 Grandville Ave. SW Grand Rapids, MI 49503	4. Date of Receipt <u>9/11/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Landon, Martin 6280 Shadeland Avenue Indianapolis, IN 46220	4. Date of Receipt <u>9/12/23</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Miles, Katherine 3726 Chamberlain Avenue Southeast Grand Rapids, MI 49508	4. Date of Receipt <u>9/12/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Oliver-King, Lisa 334 Burton Street Southeast Grand Rapids, MI 49507	4. Date of Receipt <u>9/12/23</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Our Kitchen Table</u> Business Address <u>334 Burton SE, Grand Rapids, MI 4950</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **400.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

**28,200.00**  
Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

4. Date of Receipt 9/12/23

Name & Address:

Delong, Eric R.  
27 Library St. NE Unit 402  
Grand Rapids, MI 49503

\$ 150.00 \$ 150.00

[Click Here for Memo Itemization](#)

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

Occupation Interim City Manager Employer City of Grand Rapids

Business Address 300 Monroe NW, Grand Rapids, MI 49503

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

4. Date of Receipt 9/12/23

Name & Address:

Davis, Kymberlie  
248 Garfield Ave. SW  
Grand Rapids, MI, 49504

\$ 100.00 \$ 100.00

+

[Click Here for Memo Itemization](#)

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

4. Date of Receipt 9/12/23

Name & Address:

Schottke, Jen  
3235 Dorais Dr NE  
Grand Rapids, MI 49525

\$ 100.00 \$ 100.00

+

[Click Here for Memo Itemization](#)

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

4. Date of Receipt 9/12/23

Name & Address:

Thole, Nicholas  
1311 Woodshire Ave. SE  
Grand Rapids, MI 49506

\$ 100.00 \$ 100.00

+

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

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

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

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

450.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00

Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: McAlvey Merchant &amp; Associates 120 W. Ottawa St. Lansing, MI 48933</p>		<p>4. Date of Receipt <u>09/12/23</u></p> <p>\$ <u>500.00</u></p>	<p>\$ <u>500.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 2 Name &amp; Address: Koehler, Ron 122 Forest Hill Ave SE Grand Rapids, MI 49546</p>		<p>4. Date of Receipt <u>09/14/23</u></p> <p>\$ <u>250.00</u></p>	<p>\$ <u>250.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Administrator</u> Employer <u>KISD</u></p> <p>Business Address <u>2930 Knapp NE, Grand Rapids, MI 49546</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 Name &amp; Address: Russ, Timothy 24 Robinhood Drive SE Grand Rapids, MI 49546</p>		<p>4. Date of Receipt <u>09/19/23</u></p> <p>\$ <u>50.00</u></p>	<p>\$ <u>50.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 Name &amp; Address: Guyton, Deborah 3034 Kay Dr SE Grand Rapids, MI 49508</p>		<p>4. Date of Receipt <u>09/19/23</u></p> <p>\$ <u>125.00</u></p>	<p>\$ <u>125.00</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>CEO</u> Employer <u>Vision Matters, LLC</u></p> <p>Business Address <u>Vision Matters, LLC</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			

Page Subtotal

\$925.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

25,200.00

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: McPeak, Bonnie 3547 Breton Valley DR SE Kentwood, MI 49512		4. Date of Receipt <u>09/19/23</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Crabb, Elizabeth 2464 Coit Avenue Northeast Grand Rapids, MI 449505		4. Date of Receipt <u>10/04/23</u>	\$ <u>200.00</u> \$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Fundraiser</u> Employer <u>Literacy Center of West Michigan</u> Business Address <u>1120 Monroe Avenue NW Suite 240, Grand Rapids, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Lions & Rabbits Center for the Arts 1264 Plainfield Ave NE Grand Rapids, MI 49505		4. Date of Receipt <u>10/05/23</u>	\$ <u>500.00</u> \$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Traylor, LaTarro 869 Woolsey Dr SW Grand Rapids, MI 49503		4. Date of Receipt <u>10/06/23</u>	\$ <u>100.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$850.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022  
2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Ryan, Jenn 2715 Copper Hill Drive Northeast Grand Rapids, MI 49525		4. Date of Receipt <u>10/9/23</u> \$ <u>10.00</u>	\$ <u>10.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Triangle & Associates 3769 3 Mile Road NW Grand Rapids, MI 49534		4. Date of Receipt <u>10/10/23</u> \$ <u>500.00</u>	\$ <u>500.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Williams, Cheri 517 Orchard Dr NE Rockford, MI 49341		4. Date of Receipt <u>10/12/23</u> \$ <u>25.00</u>	\$ <u>25.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Ferrer, Angelica 1859 Union Avenue Southeast Grand Rapids, MI 49507		4. Date of Receipt <u>10/14/23</u> \$ <u>25.00</u>	\$ <u>25.00</u> <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 560.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

2820.00  
Enter this total  
on line 3a of  
Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Newton, Kishen 451 Briar LN NE Grand Rapids	4. Date of Receipt <u>10/15/23</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Westdrop, Rob 561 Century Ave.SW Grand Rapids, MI 49503	4. Date of Receipt <u>10/16/23</u>	\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President &amp; CEO</u> Employer <u>Moss Audio Corporation</u> Business Address <u>561 Century Ave. SW Grand Rapids, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: LMK Consulting 3260 Cheney Grand Rapids, MI 49525	4. Date of Receipt <u>10/16/23</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: DICKOW, Peter 2536 Indian Trail, SE Grand Rapids, MI 49506	4. Date of Receipt <u>10/17/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1175.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00  
Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022  
2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> Name & Address: Gietzen, Kristin 3471 Thistle Dhu Street Northeast Rockford, MI 49341		<b>4. Date of Receipt</b> <u>10/17/23</u>	
		\$ <u>25.00</u>	\$ <u>25.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 2</b> Name & Address: White, Sherry 2011 Excalibur Dr Orlando, FL 32822		<b>4. Date of Receipt</b> <u>10/17/23</u>	
		\$ <u>50.00</u>	\$ <u>50.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> Name & Address: Goodson, Stacey 1419 Den Hertog Street Southwest Wyoming, MI 49509		<b>4. Date of Receipt</b> <u>10/17/23</u>	
		\$ <u>25.00</u>	\$ <u>25.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> Name & Address: LaGrand, Melissa 255 College Ave. SE Grand Rapids, MI 49503		<b>4. Date of Receipt</b> <u>10/17/23</u>	
		\$ <u>100.00</u>	\$ <u>100.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$200.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

28,200.00  
Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Clark Whitney, Bridget Allen Ave NE Grand Rapids, MI 49503	4. Date of Receipt <u>10/17/23</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kelly, Carl 940 Monroe Ave NW Grand Rapids, MI 49503	4. Date of Receipt <u>10/17/23</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Lewis, Katherine 2534 Summit Rdg Dr. NE Grand Rapids, MI	4. Date of Receipt <u>10/17/23</u>	\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Freeman, Judy 425 Cambridge Blvd SE Grand Rapids, MI 49506	4. Date of Receipt <u>10/17/23</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 275.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) 28,200.00



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2023022

2. Committee Name Yes for GR Kids

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 Name & Address: Melton, Sara 812 Livingston Ave NE Grand Rapids, MI 49503	4. Date of Receipt <u>10/18/23</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

3. Contribution # 2 Name & Address: Lewis, Katherine 2534 Summit RDG Grand Rapids, MI 49505	4. Date of Receipt <u>9/12/23</u>	\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

3. Contribution # 3 Name & Address: Tommy Brann 4335 56th St. Wyoming, MI 49548	4. Date of Receipt <u>8/10/23</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Tommy Brann's SteakhouseGrille</u> Business Address <u>4157 Division Ave S, Grand Rapids, MI 49548</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

3. Contribution # 4 Name & Address:	4. Date of Receipt	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1025  
Grand Total of All Schedules 4A  
(Complete on last page of Schedule) 28,200.00  
Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2023022

2. Committee Name Yes for GR Kids

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 Name &amp; Address: <b>Erica Curry Van Ee</b> <b>600 Broadway St. NW, #224</b> <b>Grand Rapids, MI 49504</b> If over \$100.00 cumulative, please provide: Occupation <b>CEO of Urban Curry</b> Employer Name &amp; Address: <b>600 Broadway St. NW #224</b> <b>Grand Rapids, MI 49504</b></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b> Description <b>Purchase of food and beverage</b> 5. DATE OF RECEIPT: <b>10/17/23</b> Click Here for Memo Itemization 6. VENDOR NAME &amp; ADDRESS:</p>	<p>\$ <b>250.00</b></p>	<p>\$ <b>250.00</b></p>
<p>Contribution #2 Name &amp; Address:  If over \$100.00 cumulative, please provide: Occupation Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b> Description 5. DATE OF RECEIPT: Click Here for Memo Itemization 6. VENDOR NAME &amp; ADDRESS:</p>	<p>\$</p>	<p>\$</p>
<p>Contribution #3 Name &amp; Address:  If over \$100.00 cumulative, please provide: Occupation Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b> Description 5. DATE OF RECEIPT: Click Here for Memo Itemization 6. VENDOR NAME &amp; ADDRESS:</p>	<p>\$</p>	<p>\$</p>

Page Subtotal **250.00**

Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule) **250.00**

Enter this total on  
line 6a of  
Summary Page

**COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4-IK,**  
**ITEMIZED IN-KIND CONTRIBUTIONS**

**ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS:** If the in-kind contribution is from an individual, enter last name first. **CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS:** Complete if the cumulative value of in-kind contributions received from the contributor exceeds \$100.00 for the election and the contributor is an individual.

**ITEM 4: TYPE OF IN-KIND CONTRIBUTION:** Check one of the five indicated categories for each in-kind contribution. Endorsement or guarantee of bank loan: An endorsement is made when a contributor guarantees a financial institution that he or she will repay a loan from a financial institution if the committee defaults on payments. The amount endorsed is the amount to be reported as an in-kind contribution. Goods donated or loaned: Items that are given to the committee without charge, or items loaned to the committee for temporary use with an expectation that the items will be returned to the contributor. The value to be reported as an in-kind contribution is the fair market value or amount it would have cost the committee to purchase or rent similar items in the local community. Example: use of a computer, use of office furniture. Services donated: Labor or services for which the contributor or other persons would normally be compensated that is donated to the committee without charge. Example: accounting, legal or clerical services; free music for fund raising event provided by professional band, etc. The amount to be reported as an in-kind contribution is the amount usually charged to the general public for such or similar services. Goods or services purchased by others: The purchase, by a contributor, of materials, supplies or services for the committee. Example: payment of the committee's printing bill by a contributor; purchase of office supplies or postage stamps; purchase of food for a fund raiser. The amount to be reported as an in-kind contribution is the amount the contributor paid for the goods or services. Goods or services purchased by others - LOAN: The purchase, by a contributor, of materials, supplies or services for the committee, for which the contributor wishes to be reimbursed. The examples would be the same as above, except for the fact the committee is expected to repay the contributor the cost incurred. Therefore, the amount is reported both as an in-kind contribution from the contributor on Schedule 4-IK, Itemized In-Kind Contributions, and as a debt owed by the committee to the contributor on Schedule 4E, Debts and Obligations.

**DESCRIPTION:** Enter a brief, clear description of each in-kind contribution that describes the goods or services contributed and, if not obvious, the purpose of the goods or services. If the contribution is related to a fund raising event sponsored or co-sponsored by the committee, check the "Fund Raiser" box.

**ITEM 5: DATE OF RECEIPT:** Enter the date the in-kind contribution was received by the committee. The date must be within the period covered by the Campaign Statement.

**ITEM 6: VENDOR NAME AND ADDRESS:** If the in-kind contribution consists of goods or services purchased on behalf of the committee by a contributor, enter the name and address of the vendor or person where the goods or services were purchased.

**ITEM 7: AMOUNT:** Enter the fair market value of the contribution; if the contribution was purchased, enter the amount paid.

**ITEM 8: CUMULATIVE FOR ELECTION:** Enter the cumulative value of all in-kind contributions and itemized contributions of money made by the same contributor during the election through the date of the contribution being reported. The contributions are cumulative in date order.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS



ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2023022

2. Committee Name Yes for GR Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
<b>Expenditure # 1</b> Name & Address: <b>Kyle Pray</b> <b>701 Burns St, SW</b> <b>Grand Rapids, MI</b>	4. Purpose: <u>Compensation/Camp Manager</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	<u>8/04/23</u> Date of Expenditure	<u>\$ 2,000</u>	<u>\$ 2,000</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 2</b> Name & Address: <b>Darling Communications</b> <b>1557 Belmar Dr SE</b> <b>Grand Rapids, MI 49508</b>	4. Purpose: <u>Compensation/DLee Finap</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	<u>8/04/23</u> Date of Expenditure	<u>\$ 2248.00</u>	<u>\$ 2248.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 3</b> Name & Address: <b>Long Road Distillers</b> <b>537 Leonard St NW</b> <b>Grand Rapids, MI 49504</b>	4. Purpose: <u>Fundraiser Deposit</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	<u>8/11/23</u> Date of Expenditure	<u>\$ 250.00</u>	<u>\$ 250.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 4</b> Name & Address: <b>SquareSpace Website Builder</b> <b>225 Varick Street; New York City, New York,</b>	4. Purpose: <u>Website Payment</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	<u>8/14/23</u> Date of Expenditure	<u>\$ 33.00</u>	<u>\$ 33.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

4531.00

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

20,561.96

Enter this total  
on Line 8a of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2023022

2. Committee Name Yes for GR Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
<b>Expenditure # 1</b> Name & Address: <b>Kyle Pray</b> <b>701 Burns St SW</b> <b>Grand Rapids, MI 49503</b>	<b>4. Purpose:</b> <u>Compensation/Campaign Manager</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>08/31/23</u> Date of Expenditure	<u>\$ 2000</u>	<u>\$ 4,000</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 2</b> Name & Address: <b>Darling Communications</b> <b>1557 Belmar Dr SE</b> <b>Grand Rapids, MI</b>	<b>4. Purpose:</b> <u>Compensation/Darlene Lee/Finance Director</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>08/31/23</u> Date of Expenditure	<u>\$ 4311.50</u>	<u>\$ 6559.50</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 3</b> Name & Address: <b>Swift Printing</b> <b>404 Bridge St NW</b> <b>Grand Rapids, MI 49504</b>	<b>4. Purpose:</b> <u>Printing for Mailer</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>09/08/23</u> Date of Expenditure	<u>\$ 4382.91</u>	<u>\$ 4382.91</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 4</b> Name & Address: <b>Long Road Distillers</b> <b>537 Leonard NW</b> <b>Grand Rapids, MI 49504</b>	<b>4. Purpose:</b> <u>Kickoff Fundraiser</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>09/12/23</u> Date of Expenditure	<u>\$ 606.80</u>	<u>\$ 856.80</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

**\$11,301.21**

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

**20,561.96**

Enter this total  
on Line 8a of  
the Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2023022

2. Committee Name Yes for GR Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
<b>Expenditure # 1</b> Name & Address: <b>SquareSpace</b> <b>225 Varick Street; New York City, New York, United States</b>	<b>4. Purpose:</b> <u>Website monthly charge</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>09/12/23</u> Date of Expenditure	\$ <u>33.00</u>	\$ <u>66.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>KENT</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 2</b> Name & Address: <b>SquareSpace</b> <b>225 Varick Street; New York City, New York, United States</b>	<b>4. Purpose:</b> <u>Website Service Charge</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>09/13/23</u> Date of Expenditure	\$ <u>30.00</u>	\$ <u>96.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 3</b> Name & Address: <b>Darling Communications</b> <b>1557 Belmar Dr. SE</b> <b>Grand Rapids, MI 49508</b>	<b>4. Purpose:</b> <u>Darling Communications/Darlene Lea/Finance Director</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>09/29/23</u> Date of Expenditure	\$ <u>2540.00</u>	\$ <u>9099.5</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<b>Expenditure # 4</b> Name & Address: <b>Kyle Pray</b> <b>701 Burns St. SW</b> <b>Grand Rapids, MI 49503</b>	<b>4. Purpose:</b> <u>Compensation/Campaign Manager</u> <b>5. Ballot Proposal:</b> <u>GRPS Bond Proposal</u>	<u>10/01/23</u> Date of Expenditure	\$ <u>2000.00</u>	\$ <u>6000.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

**\$4,603.00**

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

**20,561.96**

Enter this total  
on Line 8a of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2023022

2. Committee Name Yes For GR Kids

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: SquareSpace 225 Varick Street; New York City, New York, United States	4. Purpose: <u>QR Code Purchase</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	10/02/23 Date of Expenditure	\$ <u>93.75</u>	\$ <u>189.75</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: SquareSpace 225 Varick Street; New York City, New York, United States	4. Purpose: <u>Website monthly payment</u> 5. Ballot Proposal: <u>GRPS Bond Proposal</u>	10/16/23 Date of Expenditure	\$ <u>33.00</u>	\$ <u>222.75</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: _____	_____ Date of Expenditure	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: _____	_____ Date of Expenditure	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

\$ 126.75

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

20,561.96

Enter this total  
on Line 8a of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 2023022

Yes for GR Kids

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>09/12/23</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>45</u>	5. Type of Fund Raising Activity  <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held <u>Long Road Distillers</u> <u>537 Leonard St. NW</u> <u>Grand Rapids, MI 49504</u>  <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 17,825.00

8. Other Receipts \$ ~~0~~

9. Gross Receipts \$ 17,825.00  
(Add lines 7 and 8)

10. Total Cost of Event \$ 856.80

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 2023022  
Yes for GR Kids  
2. Committee Name \_\_\_\_\_

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>10/17/23</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>27</u>	5. Type of Fund Raising Activity  Reception	6. Address and Name (If any) of the place where the activity was held Union Square 600 Broadway St NW Grand Rapids, MI 49504 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$ 625.00

8. Other Receipts \$ 0

9. Gross Receipts (Add lines 7 and 8) \$ 625.00

10. Total Cost of Event \$ 250.00

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.