



FILED

23 OCT 2023 PM 12:01

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

20200072

2. Committee Name

COMMITTEE TO ELECT BEN GREENE

4. Candidate Last Name

GREENE

First Name

BENJAMIN

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY COMMISSIONER, 1ST DISTRICT, KENT COUNTY

4b. County of Residence **KENT COUNTY**

5. Committee's Mailing Address

**1935 FOUR MILE RD NE
GRAND RAPIDS, MI 49525**

Area Code and Phone (616) 970-3033
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.

6. Treasurer's Name & Residential Address

**TAYLOR LANGLOIS
1935 FOUR MILE RD NE
GRAND RAPIDS, MI 49525**

Area Code & Phone (616) 970-3033

7. Treasurer's Business Address

**1935 FOUR MILE RD NE
GRAND RAPIDS, MI 49525**

Area Code and Phone (616) 970-3033

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2023)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 20200072

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT BEN GREENE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1,250.00</u>	(18.) \$ <u>1,250.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1,250.00</u>	(20.) \$ <u>1,250.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>7,628.14</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>7,628.14</u>	(23.) \$ <u>8,628.14</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7,888.57</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>9,138.57</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>7,628.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,510.43</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200072
2. Committee Name COMMITTEE TO ELECT BEN GREENE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: DAN BURRILL 2879 BARCROFT DR SW WYOMING, MI 49418		\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>COUNTY COMMISSIONER</u> Employer <u>COUNTY OF KENT</u>			
Business Address <u>2879 BARCROFT DR SW, WYOMING, MI 49418</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
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			

Page Subtotal

1,250.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

1,250.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **20200072**
2. Committee Name **COMMITTEE TO ELECT BEN GREENE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RIGHT STRATEGIES Address 2153 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: PRINT AND MAIL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2023 Date	\$ 7,628.14
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	7,628.14
Grand Total of all Schedules 1B (Complete on last page of Schedule)	7,628.14

Enter this total
on line 8a of
Summary Page