



**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: 05/23/23 To 10/20/23

1. Committee I.D. Number 2021032	4. Committee's Mailing Address PO Box 438 Ada, MI 49301 Area Code and Phone <u>(616) 832-9832</u> <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>
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 <u>(616) 901-0663</u>	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 <u>(616) 901-0663</u>
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8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

8a. QUARTERLY STATEMENTS

January 31
 April 25
 July 25
 October 25

8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

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:

July 25 Quarterly
 October 25 Quarterly

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

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.

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 10/20/23



1. Committee I.D. Number 2021032

2. Committee Name Forest Hills for JUST Education

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

	Column I This Period	Column II Cumulative for Calendar Year
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>2,412.12</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,412.12</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>2,412.12</u>	(20.) \$ _____
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.) \$ _____	
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.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ _____
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>9,598.69</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>2,412.12</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = _____	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - _____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12,010.81</u>	*

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A**

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 2021032

2. Committee Name Forest Hills for JUST Education

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
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<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>09/14/23</u></p> <p>Name & Address:</p> <p>Vinayak Manohar 4031 Maracaibo Shores SE Grand Rapids, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Physician</u> Employer <u>Trinity Health Medical Group</u></p> <p>Business Address <u>200 Jefferson Avenue SE, Grand Rapids, MI 49503</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>\$ <u>201.00</u></p>	<p>\$ <u>1,201.01</u></p> <p style="text-align: center;">Click Here for Memo Itemization Type</p>
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<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>10/20/23</u></p> <p>Name & Address:</p> <p>Vinayak Manohar 4031 Maracaibo Shores SE Grand Rapids, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Physician</u> Employer <u>Trinity Health Medical Group</u></p> <p>Business Address <u>200 Jefferson Avenue SE, Grand Rapids, MI 49503</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>\$ <u>1,111.11</u></p>	<p>\$ <u>2,312.12</u></p> <p style="text-align: center;">Click Here for Memo Itemization Type</p>
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<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>10/20/23</u></p> <p>Name & Address:</p> <p>Jean K. Stojak 475 W. Abbey Mill Drive SE Ada, MI 49301</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Retired</u> Employer <u>Retired</u></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>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p> <p style="text-align: center;">Click Here for Memo Itemization Type</p>
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<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt _____</p> <p>Name & Address:</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: center;">Click Here for Memo Itemization Type</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 type="checkbox"/> Fund Raiser</p>		
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Page Subtotal	\$2,412.12
Grand Total of All Schedules 2A (Complete on last page of Schedule)	\$2,412.12
Enter this total on line 3a of Summary Page	