

FILED 25 JUL 2024 PM 11:13

KENT COUNTY CLERK **CANDIDATE COMMITTEE** FOR OFFICIAL USE ONLY GRAND RAPIDS, MICHIGAN **COVER PAGE** 3. This Statement covers From: 01/01/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. **WALTER** BUJAK 2022065 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNTY COMMISSIONER, 21ST DISTRICT, KENT COUNTY COMMITTEE TO ELECT WALTER BUJAK 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 6639 THORNAPPLE RIVER DR WALTER BUJAK ALTO, MI 49302 6639 THORNAPPLE RIVER DR ALTO, MI 49302 Area Code and Phone (616) 682-7657

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 682-7657 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 6639 THORNAPPLE RIVER DR ALTO, MI 49302 Area Code and Phone (616) 682-7657 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024

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.

Submitted electronically. Current Treasurer or signature on file 07/25/2024 Designated Record keeper

Type or Print Name

Date Signature

Submitted electronically, signature on file

Signature

Date

07/25/2024

Type or Print Name

Candidate

1. Committee I.D. Number 2022065

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

CANDIDATE COMMITTEE		+
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.00	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0.00	(18.) \$ _1,225.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0.00	(20.) \$ 1,225.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _75.63	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 75.63	(23.) \$ 1,318.36
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 5,400.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 1,019.21	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>1,019.21</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	7F CO	
(Add lines 9 and 11)	(16.) - \$ 75.63	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 943.58	*



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 2022065

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

O Nicos and address of access accordants where a city	A Democratical Lefermation)	T 5 D-1-	0. 4
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ATMO VANTAGE		01/04/2024	\$ 9.09
Address	Purpose: MONTHLY FEE	Date	<u> </u>
137 DANBURY RD	- u.poso.		
NEW MILFORD, CT 06776	_		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ATMO VANTAGE		02/05/2024	* O OO
	Purpose: MONTHLY FEE	Date	\$ <u>9.09</u>
Address	Purpose: IVIOIVIIILI I LL		
137 DANBURY RD			
NEW MILFORD, CT 06776	Check hav if this government is a second of		
Count Pains	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ATMO VANTAGE		03/04/2024	\$ 9.09
Address	Purpose: MONTHLY FEE	Date	φ <u>3.03</u>
137 DANBURY RD	ruipose.		
NEW MILFORD, CT 06776			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name ATMO VANTAGE		04/03/2024	
	MONTHLY	Date	\$ <u>9.09</u>
Address	Purpose: MONTHLY FEE	24.0	
137 DANBURY RD STRIPE.COM			
NEW MILFORD, CT 06776			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ATMO VANTAGE		05/03/2024	
Address	Purpose: MONTHLY FEE	Date	\$ <u>9.09 </u>
137 DANBURY RD	т шрозе		
NEW MILFORD, CT 06776			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	45.45
	Grand Total of all	Schedules 1B	
	(Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2022065

1. Committee I. D. Number

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ZOHO CORP		05/28/2024	* 12 OO
20110 00111	Purpose: ANNUAL SUBSCRIPTION	Date	\$ <u>12.00</u>
Address 4141 HACIENDA DR	Purpose: ANNOAL GOBGOTTI TION		
PLEASANTON, CA 94588			
1 22/10/11/10/14, 0/10/10/00	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		00/00/0004	
Name ATMO VANTAGE		06/03/2024	\$ 9.09
Address	Purpose: MONTHLY FEE	Date	
137 DANBURY RD			
NEW MILFORD, CT 06776			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name ATMO VANTAGE		07/00/0004	
ATIVIO VANTAGE		07/03/2024	\$ 9.09
Address	Purpose: MONTHLY FEE	Date	
137 DANBURY RD			
NEW MILFORD, CT 06776			
□s.	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			•
Address		Date	\$
Address	Purpose:		
	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			Φ.
Address	Purpose:	Date	\$
	,		
	Click F Check box if this expenditure is payment of	tere for Memo I	temization Type
 	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	30.18
	Grand Total of all S	Schedules 1B	75.63
	(Complete on last page	of Schedule)	/ J.UJ

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____2022065

CANDIDATE	COMMITTEE

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the com	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: WALTER BUJAK 6639 THORNAPPLE RIVER DR SE ALTO, MI 49302	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 04/28/2022	\$ \$ \$	\$ 0.00	\$ 500.00
If bank loan, name of endorser or guarantor:	6. Original Amount of Debt: \$ 500.00	\$ \$	ount Endorsed: \$	FORGIVEN
	1	Amo	Juni Endorsed. \$	
Owed to or by: WALTER BUJAK	4. Type: LOAN 5. Date Debt Was Incurred:	\$		
6639 THORNAPPLE RIVER DR SE ALTO, MI 49302	06/16/2022 6. Original Amount of Debt:	\$ \$	s 0.00	_{\$} 1,500.00
	\$_1,500.00	\$ 	т ф	FORGIVEN
If bank loan, name of endorser or guarantor:			nount Endorsed: \$	
Debt #3 Corp? Yes	4. Type: LOAN	\$		
Owed to or by: WALTER BUJAK	5. Date Debt Was Incurred:	\$		
6639 THORNAPPLE RIVER DR SE	06/23/2022	•		
ALTO, MI 49302	6. Original Amount of Debt:	\$	\$ 0.00	\$_1,000.00
	\$_1,000.00	<u> </u>	T	FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$	
		Page Subtotal	(Outstanding debt)	3,000.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by common c	of all Schedules 1E or to the committee)	
				Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by"" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDIII E 1E

1. Committee I.D. Number _____2022065

SCITED	OLL IL
CANDIDATE	COMMITTEE

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

OANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	nittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: WALTER BUJAK 6639 THORNAPPLE RIVER DR SE	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 07/20/2022	\$ \$ \$		
ALTO, MI 49302	6. Original Amount of Debt:	\$	\$ 0.00	\$_300.00 FORGIVEN
If bank loan, name of endorser or guarantor:	\$ <u>300.00</u>	\$ Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: WALTER BUJAK	4. Type: LOAN 5. Date Debt Was Incurred:	\$		
6639 THORNAPPLE RIVER DR SE ALTO, MI 49302	07/27/2022 6. Original Amount of Debt:	\$ \$	\$ 0.00	_{\$} _650.00
	\$ 650.00	<u> </u>	Ψ	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: WALTER BUJAK	4. Type: LOAN	\$		
6639 THORNAPPLE RIVER DR SE ALTO, MI 49302	5. <u>Date Debt Was Incurred</u> : 07/29/2022	\$ \$	\$ 0.00	_{\$} 100.00
	6. Original Amount of Debt: \$ 100.00	\$ \$	\$_0.00	FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	1,050.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	Enter this total
				en line 10e "ewed

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDIII E 1E

1. Committee I.D. Number _____2022065

SCITED	OLL IL
CANDIDATE	COMMITTEE

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
provide information regarding the endorsers or guarantors, if any.	of debt			
Debt #1 Corp? Yes Owed to or by: WALTER BUJAK	4. Type: LOAN	\$		
6639 THORNAPPLE RIVER DR SE	5. <u>Date Debt Was Incurred</u> :	\$		
ALTO, MI 49302	08/05/2022	\$	\$ 0.00	\$ 300.00
	6. Original Amount of Debt	\$	\$ <u>0.00</u>	
	\$ 300.00	Φ		FORGIVEN
If bank loan, name of endorser or guarantor:		Φ Amα	ount Endorsed: \$	
Debt #2 Corp? Yes	4. Type: LOAN			
Owed to or by: WALTER BUJAK		<u> </u>		
6639 THORNAPPLE RIVER DR SE	5. <u>Date Debt Was Incurred</u> : 08/24/2022	\$		
ALTO, MI 49302	6. Original Amount of Debt:	\$	\$ 0.00	_{\$} 300.00
	\$ 300.00	\$	5 0.00	T
	φ	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type: LOAN	\$		
Owed to or by: WALTER BUJAK	5. Date Debt Was Incurred:	· · · · · · · · · · · · · · · · · · ·		
6639 THORNAPPLE RIVER DR SE	10/12/2022	\$		
ALTO, MI 49302	6. Original Amount of Debt:	\$	8 0.00	\$ 350.00
	\$ 350.00	\$	Ψ	FORGIVEN
	Ψ	\$		T ONGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	950.00
(Co	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	
(3.	- 1- 1-1- 1-1- 1-1- page 0. 0000010 C			Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS SCHEDIII E 1E

1. Committee I.D. Number _____2022065

SCITED	OLL IL
CANDIDATE	COMMITTEE

2. Committee Name COMMITTEE TO ELECT WALTER BUJAK

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by: WALTER BUJAK	4. Type: LOAN	\$		
6639 THORNAPPLE RIVER DR SE	5. <u>Date Debt Was Incurred</u> :	\$		
ALTO, MI 49302	10/26/2022	\$	0.00	_{\$} 400.00
	6. Original Amount of Debt	\$	\$ 0.00	\$_400.00_
	\$ <u>400.00</u>	·		FORGIVEN
If bank loan, name of endorser or guarantor:		<u> </u>		
	T	Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
		\$		T ONGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
Owed to or by.	5. Date Debt Was Incurred:	\$		
		Φ		
	6. Original Amount of Debt:	<u> </u>	 _{\$}	\$
	\$	\$	·	FORGIVEN
	,	\$		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	400.00
(Co	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	5,400.00
				Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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