



FILED

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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: 01/01/2013 to 07/21/2024

1. Committee I.D. Number

128652

4. Candidate Last Name First Name M.I.

RINCK JAMES R

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

COUNTY COMMISSIONER, 18TH DISTRICT, KENT COUNTY

2. Committee Name

FRIENDS OF JIM RINCK

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

5. Committee's Mailing Address

**146 MONROE CENTER NW
STE 1108
GRAND RAPIDS, MI 49503**

6. Treasurer's Name & Residential Address

**JAMES R RINCK
2353 SWNSBERG NE
GRAND RAPIDS, MI 49505**

Area Code and Phone (616) 459-7999
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.

Area Code & Phone (616) 550-5651

7. Treasurer's Business Address

**2353 SWNSBERG NE
GRAND RAPIDS, MI 49505**

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

**JAMES R RINCK
2353 SWNSBERG NE
GRAND RAPIDS, MI 49505**

Area Code and Phone (616) 550-5651

Area Code and Phone (616) 550-5651

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

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

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 late 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

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 128652

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF JIM RINCK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>22,620.64</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>22,620.64</u>	(18.) \$ <u>22,620.64</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>22,620.64</u>	(20.) \$ <u>22,620.64</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>18,612.26</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>18,612.26</u>	(23.) \$ <u>18,612.26</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>22,500.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>22,620.64</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>22,620.64</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,612.26</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4,008.38</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 128652
2. Committee Name FRIENDS OF JIM RINCK

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>05/21/2024</u>	
Name & Address: RYAN WIELAND 2000 FRONTIER CT SW WYOMING, MI 49519		\$ <u>0.73</u>	\$ <u>0.73</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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/03/2024</u>	
Name & Address: JAMES R RINCK 2353 SWENSBERG AVE NE GRAND RAPIDS, MI 49505		\$ <u>22,500.00</u>	\$ <u>22,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>146 MONROE CENTER ST NW, SUITE 1108, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/21/2024</u>	
Name & Address: TOM TRZYBINSKI 737 HUBBARD ST NE GRAND RAPIDS, MI 49525		\$ <u>23.84</u>	\$ <u>23.84</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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/28/2024</u>	
Name & Address: MIKE KOELZER 3338 OLDERIDGE DR NE GRAND RAPIDS, MI 49525		\$ <u>96.07</u>	\$ <u>96.07</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KAY PHARMACY</u> Business Address <u>2178 PLAINFIELD AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **22,620.64**

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

22,620.64

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 128652
2. Committee Name FRIENDS OF JIM RINCK

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TARGET-INSYGHT Address 801 BROOKSIDE DR #301 LANSING, MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN PLANNING ASSISTANCE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2024</u> Date	\$ <u>14,000.00</u>
Expenditure #2 Name FIFTH THIRD BANK Address 111 LYON ST NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>CHECKS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>124.29</u>
Expenditure #3 Name MESSENGER PRINTING SERVICE, INC. Address 20136 ECORSE RD #900 TAYLOR, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED CAMPAIGN MATERIALS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>4,062.56</u>
Expenditure #4 Name FINE PRINT DESIGN Address 3355 HARRIS ST FERNDAL, MI 48220 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED MATERIAL DESIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>350.00</u>
Expenditure #5 Name RYAN WIELAND Address 2000 FRONTIER CT SW WYOMING, MI 49519 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR WEB DESIGN SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>31.58</u>

Subtotal this page **18,568.43**

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **128652**
2. Committee Name **FRIENDS OF JIM RINCK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRAIGHT TALK WIRELESS Address 9700 NW 112TH AVE MIAMI, FL 33172 <input type="checkbox"/> Fund Raiser	Purpose: <u>WIRELESS SERVICE RENEWAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>33.83</u>
Expenditure #2 Name FIFTH THIRD BANK Address 111 LYON STREET NORTHWEST GRAND RAPIDS, MI 45202 <input type="checkbox"/> Fund Raiser	Purpose: <u>SERVICE FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2024</u> Date	\$ <u>10.00</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	43.83
Grand Total of all Schedules 1B (Complete on last page of Schedule)	18,612.26

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 128652
2. Committee Name FRIENDS OF JIM RINCK

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☒ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: JAMES R RINCK 2353 SWENSBURG AVENUE NORTHEAST GRAND RAPIDS, MI 49504	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 22,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>22,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

22,500.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

22,500.00

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

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.