

CANDIDATE COMMITTEE COVER PAGE

FILED 22 JUL 2024 PM 09:43

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 04/18/2024 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. Р ROSLUND HARRIS 2024062 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNTY COMMISSIONER, 10TH DISTRICT, KENT COUNTY COMMITTEE TO ELECT ROSLUND HARRIS 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 2140 HARTSTONE DR SE ROSLUND P HARRIS CALEDONIA, MI 49316 2140 HARTSTONE DR SE CALEDONIA, MI 49316 Area Code and Phone (616) 466-2255

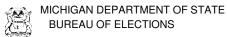
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 466-2255 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 2140 HARTSTONE DR SE CALEDONIA, MI 49316 Area Code and Phone (616) 466-2255 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 07/22/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/22/2024 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 2024062

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT ROSLUND HARRIS

| RECEIPTS 3. Contributions a. Itemized (Schedule 1A - Column 6) | Column I This Period | Column II Cumulative this election cycle |
|--|-----------------------------------|--|
| | 11101 01100 | Outhalative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | | |
| | (3a.) \$ 1,080.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 1,080.00 | (18.) \$ 1,080.00 |
| 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.) \$ _1,080.00 | (20.) \$ 1,080.00 |
| 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.) \$ <u>0.00</u> | |
| 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.) \$ _0.00 | (23.) \$ 0.00 |
| 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) | (10b.) \$ 0.00 | (24.) \$ 0.00 |
| DEBTS AND OBLIGATIONS | (11.) \$ | (24.) \$ |
| 12. Debts and Obligationsa. Owed by the Committee (Schedule 1E) | (12a.) \$ 0.00 | |
| b. Owed to the Committee (Schedule 1E) | | |
| 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. | (12b.) \$ 0.00 BALANCE STATEMENT | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ 0.00 | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ 1,080.00 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$_1,080.00 | |
| Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ 0.00 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ 1,080.00 * | |
| · | | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

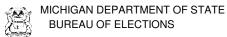
2024062 1. Committee I.D. Number

CANDIDATE COMMITTEE

2. Committee Name

COMMITTEE TO ELECT ROSLUND HARRIS

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: JUDITH CRUTCHER 517 PATTON ST PARIS, KY 40361 | ^{25.00} | ຸ 25.00 |
| 5. If over \$100.00 cumulative, please provide: | <u>\$ 20.00</u> | \$ |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address ANGELA BUNN PO BOX 1418 GRAND RAPIDS, MI 49501 | _{\$_} 50.00 | _{\$} 50.00 |
| 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 PAC Receipt? YES 4. Date of Receipt 06/07/2024 Name & Address: ROSLUND HARRIS 2140 HARTSTONE DR SE CALEDONIA, MI 49316 | _{\$} 25.00 | _{\$} 25.00 |
| 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 PAC Receipt? YES 4. Date of Receipt 06/09/2024 Name & Address CHRISTOPHER AUTERA POLZIN 1886 MELROSE AVE EAST LANSING, MI 48823 | _{\$} 100.00 | _{\$} _100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 200.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Page 1 of 3 | Enter this total on line 3a of Summary Page. | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2024062 1. Committee I.D. Number

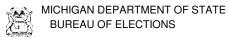
2. Committee Name

COMMITTEE TO ELECT ROSLUND HARRIS

| 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/12/2024 Name & Address: DARLENE STRICKLAND 2021 ALTO AVE SE GRAND RAPIDS, MI 49507 | _{\$} 30.00 | _{\$} 30.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/17/2024 Name & Address PAUL KEARNEY PO BOX 1993 ROSWELL, GA 30077 | § 200.00 | <u>\$ 200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer AF GROUP Business Address 200 N GRAND AVE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/19/2024 Name & Address: JOHNNY JR KNOX 6307 93RD AVE LANHAM, MD 20706 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer Business Address Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/20/2024 Name & Address KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address Type of Contribution: Loan from a person Fund Raiser | | |
| Page Subtotal | 830.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on line 3a of Summary | - |

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Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

2024062 1. Committee I.D. Number

CANDIDATE COMMITTEE

2. Committee Name

COMMITTEE TO ELECT ROSLUND HARRIS

| 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 Name & Address: SKAIFE COZ 6225 FREDERIC MADISON, WI 53 | | | of Rece | ipt <u>07/09/2024</u> | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | | |
| Occupation | | Employer | | | | |
| Business Address | <u> </u> | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | _ | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Recei | pt | \$ | _ \$ |
| 5. If over \$100.00 cumu | ative, please pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | Г | Fund Raiser | | |
| 3. Contribution # 3Name & Address:5. If over \$100.00 cumu | PAC Receipt? | YES 4. Date | of Rece | eipt | \$Click Here fo | - \$ r Memo Itemization |
| | | | | | | |
| • | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a person | Г | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rec | eipt | | |
| | | | | | \$ | \$ |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | Divost | Loan from a person | | Fund Raiser | | |
| Type of Continuation. | Direct | Loan nom a person | | Page Subtotal | 50.00 | |
| 0 0 | | | | rand Total of All Schedules 1A olete on last page of Schedule) | 1,080.00 Enter this total on line 3a of Summary | |

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Page.