



FILED

24 JUL 2024 AM 10:07

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: 04/23/2024 to 07/21/2024

1. Committee I.D. Number

2024099

4. Candidate Last Name

First Name

M.I.

WOOD

JUDY

A

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

COUNTY COMMISSIONER, 4TH DISTRICT, KENT COUNTY

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

2. Committee Name

COMMITTEE TO ELECT JUDY WOOD

5. Committee's Mailing Address

**5414 KIES ST
ROCKFORD, MI 49341**

6. Treasurer's Name & Residential Address

**JUDY A WOOD
5414 KIES ST
ROCKFORD, MI 49341**

Area Code and Phone (615) 397-4172
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 (615) 397-4172

7. Treasurer's Business Address

**5414 KIES ST
ROCKFORD, MI 49341**

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

Area Code and Phone (615) 397-4172

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

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

07/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024099

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT JUDY WOOD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,500.00</u>	(18.) \$ <u>1,500.00</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>1,500.00</u>	(20.) \$ <u>1,500.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>90.00</u>	(21.) \$ <u>90.00</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>0.00</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>0.00</u>	(23.) \$ <u>0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>312.47</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>312.47</u>	(24.) \$ <u>312.47</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,500.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>312.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,187.53</u> *	



1. Committee I.D. Number 2024099

2. Committee Name COMMITTEE TO ELECT JUDY WOOD

Page Subtotal	1,500.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,500.00

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2024099

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT JUDY WOOD

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JUDY A WOOD 5414 KIES ST NE ROCKFORD, MI 49341 If over \$100.00 cumulative, please provide: Occupation: <small>CONTENT DEVELOPER/INSTRUCTIONAL DESIGNER</small> Employer Name & Business Address: ARIOX, INC. 1971 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>HEAD SHOT PHOTOS</u> 5. Date Of Receipt: <u>05/21/2024</u> 6. Vendor Name & Address: ALAYNA HARLOW PHOTOGRAPHY 26165 KIRKLAND DR, EDWARDSBURG, MI 49112	\$ <u>50.00</u>	\$ <u>1,050.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JUDY A WOOD 5414 KIES ST NE ROCKFORD, MI 49341 If over \$100.00 cumulative, please provide: Occupation: <small>CONTENT DEVELOPER/INSTRUCTIONAL DESIGNER</small> Employer Name & Address: ARIOX, INC 1971 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CANDIDATE SEMINAR</u> 5. Date Of Receipt: <u>07/06/2024</u> 6. Vendor Name & Address: VOTE, RUN, LEAD VOTERUNLEAD.ORG, PO BOX 56, HARTSDALE, NY 10530	\$ <u>40.00</u>	\$ <u>1,090.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

Page Subtotal

90.00

1,090.00

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

90.00

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 2024099
2. Committee Name COMMITTEE TO ELECT JUDY WOOD

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: HARLAND CLARKE 15955 LA CANTERA PKWY SAN ANTONIO, TX 78256	Purpose 80 BLANK CHECKS	<u>05/10/2024</u> Date	\$ <u>26.57</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose WEBSITE	<u>05/10/2024</u> Date	\$ <u>204.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose WEB DOMAIN	<u>05/10/2024</u> Date	\$ <u>9.90</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose CAMPAIGN EMAIL ADDRESS	<u>05/10/2024</u> Date	\$ <u>72.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			312.47
Grand Total of all Schedules 1C (Complete on last page of Schedule)			312.47

Enter this total
on line 10a of
Summary Page

***PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY