

## CANDIDATE COMMITTEE COVER PAGE

## FILED 24 JUL 2024 AM 10:07

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

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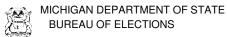
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 04/23/2024 to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. JUDY  $\mathsf{WOOD}$ Α 2024099 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNTY COMMISSIONER, 4TH DISTRICT, KENT COUNTY COMMITTEE TO ELECT JUDY WOOD 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 5414 KIES ST JUDY A WOOD ROCKFORD, MI 49341 **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 Area Code & Phone (615) 397-4172 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) **5414 KIES ST** ROCKFORD, MI 49341 Area Code and Phone (615)397-4172Area 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 07/24/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/24/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2024099

## **SUMMARY PAGE CANDIDATE COMMITTEE**

# 2. Committee Name COMMITTEE TO ELECT JUDY WOOD

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <b>1,500.00</b>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,500.00	(18.) \$ 1,500.00
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.) \$ 1,500.00	(20.) \$ 1,500.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 90.00	(21.) \$ 90.00
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.) \$ 0.00	
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.) \$ 312.47	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 312.47	(24.) \$ 312.47
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 1,500.00	
(Line 5, Total Contributions & Other Receipts)	1 500 00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(101) <u> </u>	
(Add lines 9 and 11)	(16.) - \$ 312.47	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1,187.53	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_2024099

2. Committee Name COMMITTEE TO ELECT JUDY WOOD

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 04/23/2024  Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503	<sub>\$</sub> 100.00	<sub>s</sub> 100.00	
5. If over \$100.00 cumulative, please provide:	Ψ		
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/10/2024  Name & Address			
JUDY A WOOD			
5414 KIES ST NE	<sub>\$</sub> 1,000.00	<sub>s</sub> 1,000.00	
ROCKFORD, MI 49341	Ψ	φ	
5. If over \$100.00 cumulative, please provide:			
Occupation CONTENT DEVELOPER/INSTRUCTIONAL DESIGNER Employer ARIOX, INC.			
Business Address 1971 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/29/2024  Name & Address:  KENT COUNTY DEMOCRATIC PARTY			
301 FULLER AVE NE GRAND RAPIDS, MI 49503	\$ 400.00	<sub>\$</sub> 500.00	
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 Name & Address			
	\$	\$	
5. If over \$100.00 cumulative, please provide:			
Occupation Employer	Click Here for	Memo Itemization	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
	1,500.00		
Grand Total of All Schedules 1A	1,500.00	-	
(Complete on last page of Schedule)	Enter this total on	_l	
Page	line 3a of Summary Page.		



## **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number 2024099

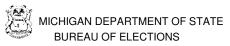
#### CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT JUDY WOOD

CANDIDATE COMIN				
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services we purchased</li></ul>	ere	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: JUDY A WOOD 5414 KIES ST NE ROCKFORD, MI 49341 If over \$100.00 cumulative, please provide: Occupation: CONTENT DEVELOPER/INSTRUCTIONAL DESIGNER Employer Name & Business Address: ARIOX, INC. 1971 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525  Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-Loanescription HEAD SHOT PHOTOS  5. Date Of Receipt: 05/21/2024  6. Vendor Name & Address: ALAYNA HARLOW PHOTOGRAPHY 26165 KIRKLAND DR, EDWARDSBURG, MI 49112	-	50.00	<sub>\$</sub> 1,050.00
Contribution # 2 PAC Receipt? Yes Name & Address JUDY A WOOD 5414 KIES ST NE ROCKFORD, MI 49341  If over \$100.00 cumulative, please provide: Occupation: CONTENT DEVELOPER/INSTRUCTIONAL DESIGNER Employer Name & Address: ARIOX, INC 1971 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525  Fund Raiser Contribution	4.  Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description CANDIDATE SEMINAR  5. Date Of Receipt: 07/06/2024  6. Vendor Name & Address: VOTE, RUN, LEAD VOTERUNLEAD.ORG, PO BOX 56, HARTSDALE, NY 10530		0.00	\$ 1,090.00
Contribution #3 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.		sk Here for Memo	\$ Itemization
Fund Raiser Contribution	Page Sul	 btotal	90.00	1,090.00
	Grand Total of all Schedule		90.00	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)



## **INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE**

1. Committee I. D. Number 2024099

(For use by officeholders only)

COMMITTEE TO ELECT JUDY WOOD

(i or use by officeriolders offiy)			
3. Name and address of person to whom disbursement was made	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	05/10/2024 Date	\$26.57
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 2 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose WEBSITE	05/10/2024 Date	\$204.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 3 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose WEB DOMAIN	05/10/2024 Date	\$9.90
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser		
Disbursement # 4 Name & Address: WIX 500 TERRY A FRANCOIS BLVD SAN FRANCISCO, CA 94158	Purpose  CAMPAIGN EMAIL ADDRESS	05/10/202 Date	4 \$72.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code BO Fund Raiser	·	
	Sub	total this page	312.47
	Grand Total of all (Complete on last pag	Schedules 1C le 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

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