



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL BALLOT QUESTION COMMITTEES FILED WITH COUNTY CLERK

Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to Items:		Eff. Date: 04/29/2024
*3. Date Committee was Formed: 4/29/24			
*4. Full Name of Committee: Destination Kent Committee			
5. Acronym or Abbreviation (if any):			
*6. Complete Committee Mailing Address (May be PO Box): PO Box 68100, Grand Rapids, MI 49516			
*7. Complete Committee Street Address (May not be PO Box): 40 Monroe Center St NW, Suite 202, Grand Rapids, MI 49503			
*Committee Phone: 6164508748		*Committee Email Address: Rlherr@comcast.net	
Committee Fax #:		Committee Website Address:	
*8. Treasurer Name and Complete Residential Address: Robert Herr, 3708 Bridgehampton Dr. NE, Grand Rapids, MI 49546			
Phone #: 616-450-8748		Email Address: Rlherr@comcast.net	
9. Designated Record Keeper Name and Complete Address: Kyle Pray, 701 Burns St SW, Grand Rapids, MI 49503			
Phone #: 6164507079		Email Address: Praykyle@gmail.com	
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000.00 in an election . I/We understand that if the committee does not spend or receive in excess of \$1,000.00 in an election , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input checked="" type="checkbox"/> NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000.00 in an election . I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election . I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further Information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.			
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) *Official Depository (name and address): Mercantile Bank, 310 Leonard St NW, Grand Rapids, MI 49504 Secondary Depository (name and address):			
12. List the specific ballot proposal(s) involved using the official ballot designation if available and mark support or oppose as appropriate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Description: Lodging Tax freeze support Indicate the ballot proposal district below by selecting County (Include the county name), Multi-County or Local (Include the name of the jurisdiction). If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. <input checked="" type="checkbox"/> County - Kent <input type="checkbox"/> Multi-County <input type="checkbox"/> Local			
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief.			
*Current Treasurer Robert Herr		*Designated Record Keeper (If Applicable) [Signature] Date: 04/29/2024	
Date: 04/29/2024		Date: 04/29/2024	