

# INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

4.1000, MENOR ELECTRISTS 4.000 25 200/4 440/40

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper		3. This Statement covers From: 01/01/24	то 04/20/24		
		4. Committee's Mailing Address PO Box 438			
2. Committee Name Forest Hills for JUST Education		Ada, MI 49301  Area Code and Phone (616) 832-9832  If the address in this box is different from the committee mailing address on the Statement of			
5. Treasurer's Name and Residential Address Thomas R. Nemcek 6302 Patagonia Drive SE Grand Rapids, MI 49546		Organization, mail may be sent to this address			
		Area Code and Phone (616)			
6. Treasurer's Business Address 6302 Patagonia Drive SE Grand Rapids, MI 49546		7. Designated Record Keeper's Name and Maili Record Keeper)  Thomas R. Nemcek 6302 Patagonia Drive SE Grand Rapids, MI 49546	ng Address (If the committee has a Designated		
Area Code and Phone (616) 901-0663		1 1111	Area Code and Phone (616) 901-0663		
8. TYPE OF STATEMENT:  APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL		APPLICABLE TO INDEPENDENT AND OLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL		
Sa. QUARTERLY STATEMENTS  January 31	8c. [ 8d. [	ANNUAL STATEMENT (Coverage Year) Local Candidates Exempted PRE-ELECTION OR	8f. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)		
April 25  July 25  October 25		POST-ELECTION  Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL  CONVENTION SCHOOL  SPECIAL GALICUS	8g. DISSOLUTION OF COMMITTEE		
8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Date of Election, Convention or Caucus:  July 25 Quarterly	Effective Date of Dissolution  By checking this item, I\We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
		October 25 Quarterly	Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.		
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.  Current Treasurer or Designated Record Keeper Type or Print Name Signature  O4/25/24					



**SUMMARY PAGE** 

1. Committee I.D. Number 2021032

2. Committe

2. Committee Name Forest Hills for JUST Eduction

#### INDEPENDENT OR POLITICAL COMMITTEE **RECEIPTS** Column I Column II This Period Cumulative for Calendar Year 3. Contributions a. Itemized Contributions 320.00 (Schedule 2A, Column 6 + Schedule 2A-2, Column 8 (3a.) \$\_\_\_ (3b.) \$ \_\_\_NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) 320.00 c. Subtotal of "Contributions" (3c.) \$ \_\_\_\_ (18.) \$ \_\_\_\_\_ 4. Other Receipts (Schedule 2A-1, Column 6) (19.) \$ \_\_\_\_\_ (4.) \$ \_\_\_ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$\_\_\_\_320.00 (Add line 3c + Line 4) (20.) \$ \_\_\_\_\_ **IN-KIND CONTRIBUTIONS** 6. In-Kind Contributions (6a.) \$ \_\_\_\_ a. Itemized (Schedule 2-IK, Column 7) (6b.) \$ \_\_\_\_NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) . TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) (7.) \$ \_\_\_\_\_ (21.)\$ \_\_\_\_\_ **EXPENDITURES** (8a.) \$\_\_\_ 8. Expenditures a. Itemized Direct (Schedule 2B, Column 7) (8b.) \$ \_\_\_\_ b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) c. In-Kind Expenditures- Purchase of Goods or Services (8c.) \$ \_\_\_\_\_ (Schedule 2B-2, Column 7) (8d.) \$ \_\_\_\_\_ d. Unitemized (less than \$50.01 each - no Schedule) 695.22 (8e.) \$ \_ (22.) \$ \_\_\_\_\_ e. Subtotal of Expenditures 9. Independent Expenditures (Schedule 2B-1, Column 7) (9.) \$ \_\_\_\_ (23.) \$ \_\_\_\_\_ (10.) \$\_\_\_\_ 695.22 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (24.) \$ \_\_\_\_\_ **IN-KIND EXPENDITURES** 11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) (11.) \$ \_\_\_\_ (25.) \$ \_\_\_\_\_ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 2E) (12a.) \$ \_\_\_\_\_ b. Owed to the Committee (Schedule 2E) (12b.) \$ \_\_\_ **BALANCE STATEMENT** 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 8.046.29 (13.) \$ 14. Amount received during reporting period 320.00 (Line 5, Total Contributions & Other Receipts - Column I) (14.) + 15. SUBTOTAL Add lines 13 and 14 8,366.29 (15.) = \_\_\_\_\_ 16. Amount expended during reporting period 695.22 (Line 10, Total Expenditures - Column I) (16.) - \_\_\_\_\_ 17. ENDING BALANCE 7,671.07 (Subtract line 16 from line 15) (17.) \$ \_\_\_\_\_

<sup>\*</sup>If your ending balance is negative, please recheck your math.



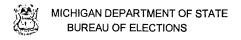
#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

#### ITEMIZED CONTRIBUTIONS **SCHEDULE 2A**

	2021032	
Committee I.D. Number		

INDEPEND	ENT OR POLITIC	CAL COMMITTEE 2	2. Committee Name	Forest Hills 1	for JUST E	ducation #
	k box to indicate if co	. If contribution is from an individuntribution is from a Political Comn			. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from Name & Address:	a PAC? YES	4. Date of Receipt 02/28/2	4	20.	00	
Oon Kreuze				<u>\$_20.0</u>	00	<sub>\$</sub> <u>20.00</u>
9409 Edgerton A Rockford	venue NE					
5. If over \$100.00 cun	nulative, please prov	vide:		CI	lick Here for M	lemo Itemization Type
Occupation Retired		Employer_N/A				
Business Address N/A						
Type of Contribution:	<b>✓</b> Direct	Loan from a person	Fund Raiser			
<ol> <li>Contribution # 2</li> <li>this contribution from Name &amp; Address:</li> </ol>	a PAC? YES	4. Date of Receipt 03/08/2	24			400.00
Yunfei Qu				\$ <u>10</u>	00.00	<sub>\$</sub> 100.00
4568 Woodcreel Grand Rapids, M				Cli	ick Here for M	emo Itemization Type
5. If over \$100.00 cum		de:				
Occupation Engineer		Employer Benteler Group				
Business Address 372	1 Hagen Dr SE, Gr	and Rapids, Michigan 49548				
Type of Contribution:	✓ Direct	Loan from a person	Fund Rai	ser		
B. Contribution # 3 s this contribution from a	PAC? YES	4. Date of Receipt 04/19/2	4			
lame & Address:				<sub>s</sub> 200	) (()	¢200.00
Vickie Slot 2480 Knapp Stre		_		¥		emo Itemization Type
Grand Rapids, M	•					3,
If over \$100.00 cumu	lative, please provid	le:				
Occupation Retired	Ē	mployer Retired		-		
Business Address						
ype of Contribution:	Direct	Loan from a person	Fund Raiser			
Contribution # 4 this contribution from a	PAC? YES	4. Date of Receipt				
Name & Address:				\$		\$
				Clic	k Here for Me	mo Itemization Type
5. If over \$100.00 cum	iulative, please prov	ide:				
Occupation		Employer		17-7-17-17-1		
Business Address ——						
Type of Contribution:	Direct	Loan from a person	Fund Raise	•		
		<u>'</u>			\$320.00	
			Grand Total of All So		320.00	-
		100	malata on last nada o	t Schodulo) I 💆		1

Enter this total on line 3a of Summary Page



## ITEMIZED DIRECT EXPENDITURES **SCHEDULE 2B**

1. Committee I.D. Number 2021032

INDEPENDENT OR POLITICAL COMMITTEE

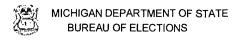
Forest Hills for JUST Education 2. Committee Name

Name and address of person or vendor to whom the expenditure was made	Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	_		<del></del>	
USPS	5Name of Candidate	01/22/24	<sub>s</sub> 210.00	210.00
7125 Headley Street SE	N/A	Date	\$	<b></b>
Ada, Michigan 49301	Office Sought & District # or Jurisdiction			
raa, mongan 4000 i		OP -1-11	C	–
	County	Click Here	for Memo Itemi	zation Type
4. Purpose: PO Box Renewal				
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5.			
Elite One Media	Name of Candidate	04/11/24	<sub>\$</sub> 300.00	\$300.00
900 44th Street SW		Date		·
Wyoming, Michigan	Office Sought & District # or Jurisdiction	Olivia I I ava di		
, consignation of the second o	County	Click Here to	or Memo Itemiza	ation Type
	County			
4. Purpose: Website Hosting & Maintenance	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.		-	
Ticket Tailor	Name of Candidate	04/15/24	60.00	<sub>s</sub> 60.00
Andre Street		Date	\$ <u>60.00</u>	\$ 00.00
London, England E8 2, GB	Office Sought & District # or Jurisdiction			
		Click Here	for Memo Itemiz	ation Type
	County			
4. Purpose: Event Ticketing Website	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4	5.			
Name & Address:	Name of Candidate			
Jonathan Chulski		04/16/24	<sub>s</sub> 115.04	<sub>s</sub> 115.04
6280 Timpson Avenue Alto, Michigan 49302	Office Sought & District # or Jurisdiction	Date	Ψ	<u> </u>
Alto, Michigan 49302	Occupie	Click Here	for Memo Itemi	zation Type
	County			
4. Purpose: Email Data and Services	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
		total this page	\$685.04	

Grand Total of all Schedules 2B (Complete on last page of Schedule)

\$695.22

Enter this total on line 8a of the Summary Page



### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 2B**

1. Committee I,D. Number 2021032

minuce no.			
	Forest Hills	s for JUST	Education

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name

Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	5.			
Square, Inc.	Name of Candidate	04/20/24	<sub>\$</sub> 10.18	<sub>s</sub> 10.18
1455 Market Street, Suite 600		Date	Ψ	
San Francisco, CA 94103	Office Sought & District # or Jurisdiction			
·		Click Here	for Memo Item	ization Type
4. Purpose: Transaction Fees	County			,,,,
4. Purpose:	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5.			
Name & Address.	Name of Candidate		\$	\$
		Date		
	Office Sought & District # or Jurisdiction	Click Horo fe	r Momo Itamin	ntina Tuna
	County	Click Hele IC	or Memo Itemiz	апоп туре
	County			
4. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Name of Candidate			
		Date	\$	\$
	Office Sought & District # or Jurisdiction		for Mauro Hami	netic n. T
	01	Click neie	for Memo Itemiz	zation rype
	County			
4. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5,			
ivalie of Address.	Name of Candidate			
			\$	s
	Office Sought & District # or Jurisdiction	Date	· ·	*
	County	Click Here for Memo Itemization Type		
	•			
4. Purpose:	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
	Sub	total this page	\$10.18	

Grand Total of all Schedules 2B (Complete on last page of Schedule) \$695.22

Enter this total on line 8a of the Summary Page

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