



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 01/01/2024 To 07/21/2024

1. Committee I.D. Number **2024130**

4. Committee's Mailing Address **40 Monroe Center St NW
Grand Rapids, MI 49503**

2. Committee Name

Destination Kent Committee

Area Code and Phone: **(616)450-8748**

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.

5. Treasurer's Name and Residential Address

Robert Herr, 3708 Bridgehampton Dr NE, Grand Rapids, MI 49546

Area Code and Phone **(616) 450-8748**

6. Treasurer's Business Address

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

Kyle Pray, 701 Burns St SW, Grand Rapids, MI 49503

Area Code and Phone

Area Code and Phone **(616) 450-7079**

8. TYPE OF STATEMENT:

8a. ☒ PRE- ELECTION

OR

☐ POST- ELECTION

Pre-Election or Post-Election
Statement relates to:

☒ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ OTHER: _____

Date of Election:

Aug. 6, 2024

8b.

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(_____ Coverage Year)

8d:

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. ☐ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

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

Robert Herr

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

2024130

1. Committee I.D. Number _____

2. Committee Name Destination Kent Committee

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>\$257,450.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>\$257,450.00</u>	(18.) \$ <u>\$257,450.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>\$257,450.00</u>	(20.) \$ <u>\$257,450.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>125,732.38</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>125,732.38</u>	(23.) \$ <u>125,732.38</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>125,732.38</u>	(24.) \$ <u>125,732.38</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.)\$ <u>65,588.00</u>	
b. Owed to the Committee (Schedule 4E)	(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, Column I, Total Contributions & Other Receipts)	(14.) + <u>\$257,450.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>\$257,450.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>125,732.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>131,717.62</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Grand Action 2.0 125 Ottawa Ave NW, Ste 152 Grand Rapids, MI 49503	4. Date of Receipt <u>05/15/2024</u>	\$ <u>24,750.00</u>	\$ <u>24,750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: GR Area Chamber Ballot Committee 250 Monroe Ave NW, Ste 160 Grand Rapids, MI 49503	4. Date of Receipt <u>05/21/2024</u>	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Progressive AE 1811 4 Mile Road NE Grand Rapids, MI 49525	4. Date of Receipt <u>06/05/2024</u>	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Pioneer Incorporated 550 Kirkland St SW Grand Rapids, MI 49507	4. Date of Receipt <u>06/05/2024</u>	\$ <u>5,500.00</u>	\$ <u>5,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$60,250.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$257,450.00



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Amway Grand Plaza 187 Monroe NW Grand Rapids, MI 49503	4. Date of Receipt <u>06/05/2024</u>	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Rosalynn Bliss 15 Ottawa Ave NE, Ste 806 Grand Rapids, MI 49503	4. Date of Receipt <u>06/07/2024</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Mayor</u> Employer <u>City of Grand Rapids</u> Business Address <u>300 Monroe Ave NW, Grand Rapids, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Chris VanBergen 601 First St NW Grand Rapids, MI 49504	4. Date of Receipt <u>06/07/2024</u>	\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Assistant</u> Employer <u>Rockford Construction</u> Business Address <u>601 First St NW, GR, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: GR Area Chamber Ballot Committee 250 Monroe Ave NW, Ste 160 Grand Rapids, MI 49503	4. Date of Receipt <u>06/20/2024</u>	\$ <u>25,000.00</u>	\$ <u>50,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$55,250.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$257,450.00



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Acrisure LLC PO Box 1788 Grand Rapids, MI 49501	4. Date of Receipt <u>06/20/2024</u>	\$ 25,000.00	\$ 25,000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address:	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: William Brennan 4120 E Gables Ct NE Grand Rapids, MI 49525	4. Date of Receipt <u>06/27/2024</u>	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Michael Sytsma 60 Monroe Center St NW Grand Rapids, MI 49503	4. Date of Receipt <u>06/27/2024</u>	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$25,200.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$257,450.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt

06/27/2024

Name & Address:

David Leonard

6383 Redington Dr SE

Ada, MI 49301

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation SVP

Employer Corewell

100 Corewell Dr NW, Grand Rapids, MI 49503

Business Address

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt

06/27/2024

Name & Address:

Todd Custer

217 Cesar E Chavez Ave SW

Grand Rapids, MI 49503

\$ 1,000.00

\$ 1,000.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO

Employer Custer

Business Address 217 Cesar E Chavez Ave SW, Grand Rapids, MI 49503

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt

06/27/2024

Name & Address:

Todd Custer

217 Cesar E Chavez Ave SW

Grand Rapids, MI 49503

\$ 1,000.00

\$ 2,000.00

5. If over \$100.00 cumulative, please provide:

Occupation CEO

Employer Custer

Business Address 217 Cesar E Chavez Ave SW, Grand Rapids, MI 49503

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt

Name & Address:

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____

Employer _____

Business Address _____

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

\$2,500.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

\$257,450.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Michael J Jandernoa Trust 171 Monroe Ave NW, Ste 410 Grand Rapids, MI 49503	4. Date of Receipt <u>07/09/2024</u>	\$ 5,000.00	\$ 5,000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Corewell Health 100 Michigan St MC 408 Grand Rapids, MI 49503	4. Date of Receipt <u>07/09/2024</u>	\$ 10,000.00	\$ 10,000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Amway Corporation 7575 Fulton St E Ada, MI 49355	4. Date of Receipt <u>07/19/2024</u>	\$ 25,000.00	\$ 25,000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Grand Action 2.0 125 Ottawa Ave NW, Ste 152 Grand Rapids, MI 49503	4. Date of Receipt <u>07/19/2024</u>	\$ 74,250	\$ 100,000.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$114,250.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$257,450.00**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2024130
2. Committee Name Destination Kent Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Tompkins Advertising 1620 House St NE Belmont, MI 49306	4. Purpose: <u>Billboards</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/21/24</u> Date of Expenditure	<u>\$ 29,014.00</u>	<u>29,014.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 2 Name & Address: SeyferthPR 40 Monroe St NW, Ste 202 Grand Rapids, MI 49503	4. Purpose: <u>Loan repayment</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/27/24</u> Date of Expenditure	<u>\$ 12,224.00</u>	<u>12,224.00</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 3 Name & Address: Advanced Campaign Technologies 2153 Wealthy St SE Grand Rapids, MI 49506	4. Purpose: <u>Mailing / Postage</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/17/24</u> Date of Expenditure	<u>\$ 26,159.82</u>	<u>26,159.82</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 4 Name & Address: Advanced Campaign Technologies 2153 Wealthy St SE Grand Rapids, MI 49506	4. Purpose: <u>Mailing / Postage</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/21/24</u> Date of Expenditure	<u>\$ 15,005.58</u>	<u>\$ 41,165.40</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				

Subtotal this page

\$82,403.40

Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$125,732.38

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2024130
2. Committee Name Destination Kent Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: GiveButter 2810 North Church St Ste 52748 Wilmington, DE 19802	4. Purpose: <u>Donations process fee</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/27/24</u> Date of Expenditure	<u>82.00</u> \$	<u>82.00</u> \$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 2 Name & Address: SeyferthPR 40 Monroe St NW, Ste 202 Grand Rapids, MI 49503	4. Purpose: <u>Consulting Services</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/27/24</u> Date of Expenditure	<u>20,000.00</u> \$	<u>32,224.00</u> \$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 3 Name & Address: Advanced Campaign Technologies 2153 Wealthy St SE Grand Rapids, MI 49506	4. Purpose: <u>Mailing / Postage</u> 5. Ballot Proposal: <u>Sports & Entertainment</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/27/24</u> Date of Expenditure	<u>23,246.98</u> \$	<u>64,412.38</u> \$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
Expenditure # 4 Name & Address:	4. Purpose: 5. Ballot Proposal: County:	 Date of Expenditure	 \$	 \$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page **\$43,328.98**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **\$125,732.38**

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 2024130
2. Committee Name Destination Kent Committee

This Schedule itemizes:		(Check either a or b. Use only for the purpose checked.)		
a. <input type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee		OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.		
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: SeyferthPR 40 Monroe St NW, Ste 202 Grand Rapids, MI 49503	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>5/15/24</u> 6. <u>Original Amount of Debt</u> \$ <u>12,224.00</u>	6/7/24 \$ 12,224.00 \$ \$ \$ \$	12,224.00 \$	0.00 \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: SeyferthPR 40 Monroe St NW, Ste 202 Grand Rapids, MI 49503	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>6/17/24</u> 6. <u>Original Amount of Debt</u> \$ <u>65,588.00</u>	\$ \$ \$ \$ \$	65,588.00 \$	65,588.00 \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$ \$	\$ \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				65,588.00
Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.)				65,588.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page