



FILED

23 OCT 2024 PM 03:13

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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

129045

4. Candidate Last Name First Name M.I.

YONKER KEN J

2. Committee Name

COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN COMMISSIONER

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

DRAIN COMMISSIONER, KENT COUNTY

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

5. Committee's Mailing Address

**3820 100TH ST SE
CALEDONIA, MI 49316**

Area Code and Phone (616) 401-1082
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.

6. Treasurer's Name & Residential Address

**AMY YONKER
3820 100TH ST SE
CALEDONIA, MI 49316**

Area Code & Phone (616) 450-3236

7. Treasurer's Business Address

**3820 100TH ST SE
CALEDONIA, MI 49316**

Area Code and Phone (616) 450-3236

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

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

11/05/2024

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

10/23/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 129045

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN COMMISSIONER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>135,906.35</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>6,750.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>142,656.35</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,200.00</u>	(21.) \$ <u>5,064.17</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>56,331.49</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>56,331.49</u>	(23.) \$ <u>117,781.06</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</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>0.00</u>	(24.) \$ <u>0.00</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>85,983.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>85,983.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>56,331.49</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>29,652.26</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **129045**

CANDIDATE COMMITTEE

2. Committee Name **COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN COMMISSIONER**

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: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <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 CAMPAIGN SERVICES 5. Date Of Receipt: 09/12/2024 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ 600.00	\$ 5,300.00
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <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 CAMPAIGN SERVICES 5. Date Of Receipt: 10/06/2024 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ 600.00	\$ 5,900.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <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 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

1,200.00

5,900.00

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

1,200.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **129045**
2. Committee Name **COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DAN BURRILL Address 2879 BARCROFT DR SW WYOMING, MI 49418 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUND RAISER TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2024 Date	\$ 100.00
Expenditure #2 Name GR DIGITAL Address P.O. BOX 2626 GRAND RAPIDS, MI 49501 <input type="checkbox"/> Fund Raiser	Purpose: MARKETING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2024 Date	\$ 30,000.00
Expenditure #3 Name KEEP GRT STRONG Address 3632 MONARCH DR NE GRAND RAPIDS, MI 49525 <input checked="" type="checkbox"/> Fund Raiser	Purpose: FUND RAISER TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2024 Date	\$ 100.00
Expenditure #4 Name GR DIGITAL Address P.O. BOX 2626 GRAND RAPIDS, MI 49501 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL MARKETING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/2024 Date	\$ 20,000.00
Expenditure #5 Name GR DIGITAL Address P.O. BOX 2626 GRAND RAPIDS, MI 49501 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING BILL BOARD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/2024 Date	\$ 1,500.00

Subtotal this page **51,700.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **129045**
2. Committee Name **COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN COMMISSIONER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RIGHT STRATEGIES Address 2153 WEALTHY ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING/POSTAGE/DATA <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2024 Date	\$ 4,631.49
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **4,631.49**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **56,331.49**

Enter this total
on line 8a of
Summary Page