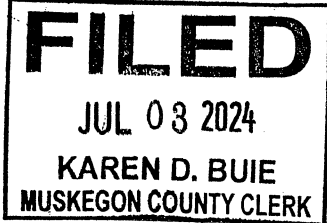




MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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: 01/01/24 To 04/20/24

1. Committee I.D. Number **84291**

4. Committee's Mailing Address **354 W Muskegon Ave,  
Muskegon, MI 49440**

2. Committee Name

**Muskegon Partnership for Reasonable Limits**

Area Code and Phone: (231) 215-8952

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

**John Richard Allen  
354 W Muskegon Ave  
Muskegon, MI 49440**

Area Code and Phone (231) 215-8952

6. Treasurer's Business Address

**354 W Muskegon Ave  
Muskegon, MI 49440**

Area Code and Phone (231) 215-8952

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

**Kristine McDermott  
2262 Harding Ave  
Muskegon, MI 49441**

Area Code and Phone (989) 292-9489

**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:

11/05/24

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

John Richard Allen

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 84291

2. Committee Name Muskegon Partnership for Reasonable Limits

<b>RECEIPTS</b>		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$		
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$		(20.) \$ <u>0.00</u>
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>9,056.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$	<u>9,056.00</u>	(21.) \$ <u>9,056.00</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$		
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$		(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$		(24.) \$
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
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>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>0.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>0.00</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>0.00</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 84291

2. Committee Name Muskegon Partnership for Reasonable Limits

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	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 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>legal services</u> 5. DATE OF RECEIPT: <u>02/05/24</u> 6. VENDOR NAME & ADDRESS: Curcio Law Firm 16905 Birchview Dr Nunica, MI 49448	\$ <u>500.00</u>	\$ <u>500.00</u>
Contribution #2 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>02/28/24</u> 6. VENDOR NAME & ADDRESS: John Richard Allen 354 W Muskegon Ave Muskegon, MI 49440	\$ <u>1,500.00</u>	\$ <u>2,000.00</u>
Contribution #3 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>legal services</u> 5. DATE OF RECEIPT: <u>03/08/24</u> 6. VENDOR NAME & ADDRESS: Curcio Law Firm 16905 Birchview Dr Nunica, MI 49448	\$ <u>1,456.00</u>	\$ <u>3,456.00</u>

Page Subtotal

**\$3,456.00**

Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 84291

2. Committee Name Muskegon Partnership for Reasonable Limits

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	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 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>legal services</u> 5. DATE OF RECEIPT: <u>04/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Curcio Law Firm 16905 Birchview Dr Nunica, MI 49448	\$ <u>2,600.00</u>	\$ <u>6,056.00</u>
Contribution #2 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>04/09/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: John Richard Allen 354 W Muskegon Ave Muskegon, MI 49440	\$ <u>2,500.00</u>	\$ <u>8,556.00</u>
Contribution #3 Name & Address: West Michigan Dock & Market 560 Mart Street Muskegon, MI 49440 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>04/10/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Hunter Colella 1649 Lawnel Ave Muskegon, MI 49441	\$ <u>500.00</u>	\$ <u>9,056.00</u>

Page Subtotal

**\$3,456.00**

Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

**\$9,056.00**

Enter this total on  
line 6a of  
Summary Page