



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: 10/21/24 To 12/31/24

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:

11/04/25

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 R. Allen

Type or Print Name

Signature

FILED

MAR 28 2025

**KAREN D. BUIE
MUSKEGON COUNTY CLERK**



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

RECEIPTS		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.) \$	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$		(20.) \$ 0.00
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	3,752.08	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	3,752.08	(21.) \$ 3,752.08
EXPENDITURES			
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. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$		(24.) \$
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.)\$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0.00	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) =	0.00	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	0.00	*

*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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>10/21/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Ethan Robillard 1880 5th St Muskegon, MI 49441	\$ <u>248.00</u>	\$ <u>248.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>10/21/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Ike Villalpando 5719 E Apple Ave Muskegon, MI 49442	\$ <u>160.00</u>	\$ <u>408.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Jeanette Moore 403 Erickson Street Muskegon, MI 49442	\$ <u>296.00</u>	\$ <u>704.00</u>

Page Subtotal

\$704.00

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
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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)
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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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Jaqueline Henry 1080 Terrace Street Apt 212 Muskegon, MI 49442	\$ <u>100.00</u>	\$ <u>500.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: John R. Allen 354 W Muskegon Ave Muskegon, MI 49440	\$ <u>776.00</u>	\$ <u>1276.00</u>

Page Subtotal

\$1,276.00

Grand Total of all Schedules 4-IK
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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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/26/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Jaqueline Henry 1080 Terrace Street Apt 212 Muskegon, MI 49442	\$ <u>99.00</u>	\$ <u>99.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>signature gatherers t-shirt printing</u> 5. DATE OF RECEIPT: <u>11/27/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: TH Brands 3044 Glade Street Muskegon, MI 49444	\$ <u>127.20</u>	\$ <u>226.20</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>legal services</u> 5. DATE OF RECEIPT: <u>11/29/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Curcio Law Firm 16905 Birchview Dr Nunica, MI 49448	\$ <u>138.88</u>	\$ <u>365.08</u>

Page Subtotal

\$365.08

Grand Total of all Schedules 4-IK
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\$3,752.08

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Summary Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

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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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>voter registration list</u> 5. DATE OF RECEIPT: <u>11/11/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: City of Muskegon 933 Terrace Street Muskegon, MI 49440	\$ <u>25.00</u>	\$ <u>801.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/14/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Mia Wilson 2280 Jerome Muskegon, MI 49442	\$ <u>150.00</u>	\$ <u>951.00</u>

Page Subtotal

\$951.00

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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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Keitha Burt 785 Spring St Apt 109 Muskegon, MI 49442	\$ <u>256.00</u>	\$ <u>356.00</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: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>paid signature gathering</u> 5. DATE OF RECEIPT: <u>11/08/24</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Keitha Burt 785 Spring St Apt 109 Muskegon, MI 49442	\$ <u>100.00</u>	\$ <u>456.00</u>

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