



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: 01/01/11 To 04/17/11

4. Committee's Mailing Address **600 Broadway Ave NW, Ste 406, Grand Rapids, MI 49504**

Area Code and Phone (616) 293-5056

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.

1. Committee I.D. Number

2. Committee Name  
**Kent County Families for Fiscal Responsibility**

5. Treasurer's Name and Residential Address  
**Jeff Steinport**  
**600 Broadway Ave NW, #406, Grand Rapids, MI 49504**

Area Code and Phone (616) 293-5056

6. Treasurer's Business Address  
**600 Broadway Ave NW, #406, Grand Rapids, MI 49504**

Area Code and Phone (616) 293-5056

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)  
**Eric Larson**  
**2215 Cascade Lakes Cir SE, Grand Rapids, MI 49546**

Area Code and Phone (616) 648-3384

**8. TYPE OF STATEMENT:**

8a.  PRE- ELECTION  
OR  
8b.  POST- ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY  GENERAL  
 SCHOOL  SPECIAL

Date of Election:  
05/03/11

8c.  ANNUAL STATEMENT  
( \_\_\_\_ Coverage Year)

8d.  QUALIFICATION  
OR  
 NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:  
\_\_\_\_\_

8e.  AMENDMENT TO CAMPAIGN  
STATEMENT  
(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f.  DISSOLUTION OF COMMITTEE  
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 Jeff Steinport , Signature [Signature] Date 4/21/11

Type or Print Name



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name Kent County Families for Fiscal Responsibility

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>1,160.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,160.00</u>	(18.) \$ <u>1,160.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>1,160.00</u>	(20.) \$ <u>1,160.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>1,338.23</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>1,338.23</u>	(21.) \$ <u>1,338.23</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>662.68</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>662.68</u>	(22.) \$ <u>662.68</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>662.68</u>	(24.) \$ <u>662.68</u>
<b>IN-KIND EXPENDITURES</b>		
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>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 4E)	(12a.) \$ <u>661.50</u>	
b. Owed <b>to</b> the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
<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>1,160.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1,160.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>662.68</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>497.32</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 \_\_\_\_\_

2. Committee Name KCFPR

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)
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3. Contribution # 1      4. Date of Receipt 3/26/11

Name & Address:  
Jeff Stainport  
600 Broadway Ave NW #406  
Grand Rapids MI 49504

\$ 20.00    \$ 20.00

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

3. Contribution # 2      4. Date of Receipt 3/28/11

Name & Address:  
John Strauss  
90 Spring St.  
Rockford MI 49341

\$ 20.00    \$ 20.00

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

3. Contribution # 3      4. Date of Receipt 3/23/11

Name & Address:  
Bill Hall  
11002 Stegman Forest Ct  
Rockford MI 49341

\$ 250.00    \$ 250.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Attorney    Employer Warner, Norcross & Judd

Business Address 900 Fifth Third Center, 111 Lyon St NW, Grand Rapids MI 49503

Type of Contribution:  Direct     Loan from a person     Fund Raiser

3. Contribution # 4      4. Date of Receipt 4/3/11

Name & Address:  
Tyler Gassara  
2480 Village Dr SE  
Grand Rapids MI 49506

\$ 20.00    \$ 20.00

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 310.00

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

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 \_\_\_\_\_

2. Committee Name KCFFR

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: <u>Richard Stewart</u> <u>416 Eleanor NE</u> <u>Grand Rapids MI 49505</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
4. Date of Receipt <u>4/9/11</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u> Business Address <u>N/A</u> 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: <u>Dill Gelineau</u> <u>2989 Kissing Rock Ave SE</u> <u>Lawell MI 49331</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
4. Date of Receipt <u>4/14/11</u>		<a href="#">Click Here for Memo Itemization</a>	
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: <u>Steven Underwood</u> <u>6858 Maplecrest Drive SE</u> <u>Grand Rapids MI 49546</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
4. Date of Receipt <u>4/14/11</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Price, Hennefeld, Cooper, Dewitt &amp; Litten LLP</u> Business Address <u>695 Kenwood Ave, Grand Rapids MI 49546</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: <u>Doug Vander Woude</u> <u>2272 Cascade Lakes Circle</u> <u>Grand Rapids MI 49546</u>		\$ <u>99.00</u>	\$ <u>99.00</u>
4. Date of Receipt <u>4/17/11</u>		<a href="#">Click Here for Memo Itemization</a>	
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

569.00

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

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: \_\_\_\_\_

2. Committee Name KCFFR

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:  
Juanie Kowal  
244 Burt St SE  
Wyoming MI 49548

4. Date of Receipt 4/15/11

\$ 25.00 \$ 25.00

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

3. Contribution # 2  
Name & Address:  
Joe Le Mire  
1412 Trinidad Ave NW  
Walker MI 49534

4. Date of Receipt 4/15/11

\$ 3.00 \$ 3.00

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

3. Contribution # 3  
Name & Address:  
Tina Dupont  
2438 Red Rose Ln NE  
Roseland MI 49431

4. Date of Receipt 4/15/11

\$ 5.00 \$ 5.00

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

3. Contribution # 4  
Name & Address:  
Jan Gillisse  
1085 51st St SE  
Gr Kentwood MI 49509

4. Date of Receipt 4/15/11

\$ 5.00 \$ 5.00

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

38.00

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

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 \_\_\_\_\_

2. Committee Name KCFR

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)
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3. Contribution # 1 Name & Address: <u>Mat + Meyer</u> <u>2512 Parkdale Ave SW</u> <u>Wyoming MI 49519</u>	4. Date of Receipt <u>4/15/11</u>	\$ <u>3.00</u> \$ <u>3.00</u>  <a href="#">Click Here for Memo Itemization</a>
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: <u>Bill Mills</u> <u>3897 W. De Blacy Ct</u> <u>Kentwood MI 49512</u>	4. Date of Receipt <u>4/16/11</u>	\$ <u>20.00</u> \$ <u>20.00</u>  <a href="#">Click Here for Memo Itemization</a>
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:	4. Date of Receipt _____	\$ _____    \$ _____  <a href="#">Click Here for Memo Itemization</a>
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 # 4 Name & Address:	4. Date of Receipt _____	\$ _____    \$ _____  <a href="#">Click Here for Memo Itemization</a>
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		

Page Subtotal 23.00  
 Grand Total of All Schedules 4A  
 (Complete on last page of Schedule) 1160.00  
 Enter this total on line 3a 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 \_\_\_\_\_

2. Committee Name KCFR

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: <u>Eric Larson</u> <u>2215 Cascade Lakes Cir SE</u> <u>Grand Rapids MI 49546</u> If over \$100.00 cumulative, please provide:  Occupation <u>Physician</u> Employer Name & Address: <u>AMC</u> <u>3333 Evergreen Dr NE</u> <u>Grand Rapids MI 49525</u> <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 type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing + postage</u> 5. DATE OF RECEIPT: <u>3/25/11</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Cascade Printing</u> <u>6504 28th St SE</u> <u>Grand Rapids MI 49546</u>	\$ <u>633.15</u>	\$ <u>633.15</u>
Contribution #2 Name & Address: <u>Jeff steinport</u> <u>600 Broadway Ave NE #406</u> <u>Grand Rapids MI 49504</u> 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 checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Business cards</u> 5. DATE OF RECEIPT: <u>3/21/11</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Vistaprint</u> <u>95 Hayden Ave</u> <u>Lexington MA 02421</u>	\$ <u>43.58</u>	\$ <u>43.58</u>
Contribution #3 Name & Address: <u>Eric Larson</u> <u>2215 Cascade Lakes Cir SE</u> <u>Grand Rapids MI 49546</u> If over \$100.00 cumulative, please provide:  Occupation <u>Physician</u> Employer Name & Address: <u>AMC</u> <u>3333 Evergreen Dr NE</u> <u>Grand Rapids MI 49525</u> <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 type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Yard signs</u> 5. DATE OF RECEIPT: <u>4/2/11</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Spalding Group</u> <u>2306 Frankfort Ave</u> <u>Louisville KY 40206</u>	\$ <u>661.50</u>	\$ <u>661.50</u>

Page Subtotal

1338.23

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

Enter this total on  
line 6a of  
Summary Page



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name KCFR

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: <u>My Personal Credit Union</u> <u>1327 Plainfield NE</u> <u>Grand Rapids MI 49505</u>	4. Purpose: <u>Checks</u> 5. Ballot Proposal: <u>ITP</u>	<u>3/23/11</u> Date of Expenditure	<u>\$ 13.55</u>	<u>\$ 13.55</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u>	<u>4/3/11</u> Date of Expenditure	<u>\$ 0.88</u>	<u>\$ 0.88</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u>	<u>4/7/11</u> Date of Expenditure	<u>\$ 1.75</u>	<u>\$ 2.63</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u>	<u>4/13/11</u> Date of Expenditure	<u>\$ 1.75</u>	<u>\$ 4.38</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

17.93

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

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 \_\_\_\_\_

2. Committee Name KCFRR

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: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/14/11</u> Date of Expenditure	<u>\$ 0.88</u> Amount	<u>\$ 5.26</u> Cumulative
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
Expenditure # 2 Name & Address: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/14/11</u> Date of Expenditure	<u>\$ 7.55</u> Amount	<u>\$ 12.81</u> Cumulative
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
Expenditure # 3 Name & Address: <u>Paypal</u> <u>PO Box 45950</u> <u>Omaha NE 68145</u>	4. Purpose: <u>Service fee</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/17/11</u> Date of Expenditure	<u>\$ 3.17</u> Amount	<u>\$ 15.98</u> Cumulative
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
Expenditure # 4 Name & Address: <u>Eric Larson</u> <u>221 S Cascade Lakes Cir SE</u> <u>Grand Rapids MI 49546</u>	4. Purpose: <u>Payment for Cascade Printing/Loan</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/17/11</u> Date of Expenditure	<u>\$ 633.15</u> Amount	<u>\$ 633.15</u> Cumulative
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

644.75

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

662.68

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 \_\_\_\_\_  
2. Committee Name K C F F R

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a.  Debts and obligations owed by or forgiven the committee **OR** b.  Debts and obligations owed to or forgiven by 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)
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Debt #1 Owed to or by:  <u>Eric Larson</u> <u>2215 Cascade Lakes Cir SE</u> <u>Grand Rapids MI 49546</u>	4. Type: <u>Postage/printing</u>  5. <u>Date Debt Was Incurred</u> <u>3/25/11</u>  6. <u>Original Amount of Debt</u> <u>\$ 633.15</u>	<u>4/17/11 \$ 633.15</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>633.15</u>	\$ <u>0</u>
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FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Owed to or by:  <u>Eric Larson</u> <u>2215 Cascade Lakes Cir SE</u> <u>Grand Rapids MI 49546</u>	4. Type: <u>Yard signs</u>  5. <u>Date Debt Was Incurred</u> <u>4/7/11</u>  6. <u>Original Amount of Debt</u> <u>\$ 661.50</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>661.50</u>
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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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
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FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

661.50

Grand Total of all Schedules 4E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

661.50

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