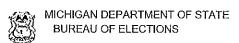
Clear Form

REC'D, KENT FLECTIONS NOV 10 2021 PM3:52

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

the treasurer (or designated record keeper) and c	i signed by andidate.	3. This Statement covers From	7/21/21 _{to} 10/20/	/21		
1. Committee I.D. Number	***************************************	4. Candidate Last Name	First Name	M.I.		
129220		Jones Joe				
2. Committee Name		4a. Office Sought Including Dis	strict # or Community Served (If app	licable)		
Committee to Keep Joe Jones		Board Member - Local	Board Member - Local			
		4b. County of Residence KE	4b. County of Residence KENT			
5. Committee's Mailing Address		6. Treasurer's Name & Reside				
2528 Orchard View Dr NE Grand Rapids, MI 49505		Tanya Powell-May	_			
Grand Hapids, Mi 49303		5790 Sable Ridge SE Grand Rapids, MI 49508				
		Grand Hapids, Wil 49				
Area Code and Phone 616-340-1014 If the address in this box is different from the comm						
mailing address on the Statement of Organization, in be sent to this address by the filing official.	mail may	Area Code & Phone 616-308-3556				
7. Treasurer's Business Address			's Name and Address (If the commi	ttee has a		
1. Hoddard & Business / Gords		Designated Record Keeper)	3 Name and Address (in the commi	lice ilas a		
Area Code and Phone		Area Code and Phone	·	Verdermina a		
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9e. Dissolution of Candidate Co	ommittee		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is her by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
Pre-Election or Post-Election Statement relates to:	Current year.					
Primary	July Quart	erly	owes no lates fees or has any oust			
─────────────────────────────────────	X October Q	uarterly	Further if the dissolution connet by	a grapted that this ha		
Convention			Further, if the dissolution cannot be considered a request for the Report	ding Waiver.		
Special	9c. Annua	l Statement ()				
School		Coverage Year	Effective date of dissolut	ilon		
Caucus	9d. X Amen	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to				
	indica	te which Statement is being	Note: The disposition of residual functions of the Summary Page 18 and the Summary Page 18 and 18 an	unds must be reported on		
	ameno	led.}	Schedule is and the Summary Fa	ige.		
Date of Election, Convention or Caucus						
	:					
10. Verification: I\We certify that all reasonable dilige	ence was used	in the preparation of this stateme	I ent and attached schedules (if any)	and to the best of		
my\our knowledge and belief the contents are true, accurate and con Current Treasurer or Tanya Powell-May Designated Record keeper Type or Print Name		Tay - Poul	l They	11/9/21		
		/ Signature	Date			
· ·		00/		1.10.15		
Joe Jones Candidate		1	Date	11/9/21		
Type or Print Name		Signature		-		

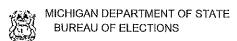


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

129220 1. Committee I.D. Number

Committee to Keep Joe Jones 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/21/21 Name & Address: Brian Britton		
719 Saddlebrook Ada, MI 49301	1000.00	1000.00 \$
5. If over \$100.00 cumulative, please provide: Occupation President Employer NHA	Click Here for Memo Itemization	
Business Address 3850 Broadmoor SE, Grand Rapids, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/21/21		
Name & Address Kalli Britton		
719 Saddlebrook Ada, MI 49301	1000.00 \$	1000.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization	
Occupation Employer		
Business Address 9701 Boardwalk Blvd., Oklahoma City, OK 73162		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/26/21		
Darryl Elmouchi 3810 Lake Birch St NE	1000.00 \$	1000.00
Grand Rapids, MI 49525		<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Physician Employer Spectrum Health		
Business Address 100 Michigan St NE, Grand Rapids, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/27/21 Name & Address		
Rosalynn Bliss 21 Holmdene Blve NE	1000.00	1000.00
Grand Rapids, MI 49503	Y	φ
5. If over \$100.00 cumulative, please provide: Occupation Mayor Employer City of Grand Rapids	Click Here fo	r Memo Itemization
Business Address 300 Monroe NW, Grand Rapids, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4000.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

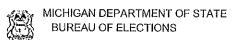
129220

CANDIDATE COMMITTEE

2. Committee Name

Committee To Keep Joe Jones

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/28/21 Name & Address: Mark Murray	_	
649 Cambridge SE	1000.00	1000.00
Grand Rapids, MI 49506	\$	\$
5. If over \$100.00 cumulative, please provide:	011 () 1	
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/3/21 Name & Address		
Michael VanGessel 254 Hollister SE	1000.00	1000.00
Grand Rapids, MI 49506	Ψ	. 3
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation CEO Employer Rockford Construction		
Business Address 601 First St NW, Grand Rapids, MI 49504		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/3/21 Name & Address:		
Gayle VanGessel	1000.00	
254 Hollister SE	1000.00 \$	1000.00
Grand Rapids, MI 49506	Y	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Homemaker Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/6/21 Name & Address		
Christina Freese Decker		
100 Michigan St NE	1000.00	1000.00
Grand Rapids, MI 49503	5	- \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation CEO Employer Spectrum Health		
Business Address 100 Michigan St NE, Grand Rapids, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	4000.00	
Grand Total of Ali Schedules 1A		
(Complete on last page of Schedule	Enter this total on	_
2 4 Page of	line 3a of Summar Page.	y



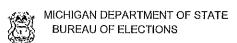
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

129220 1. Committee I.D. Number

2. Committee Name

Committee To Keep Joe Jones

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/9/21 Name & Address: Michael Price		
8175 S. Scenic Dr.	1000.00	1000.00
Montague, MI 49437	\$	\$
5. If over \$100.00 cumulative, please provide:	Oliok Horo f	or Memo Itemization
Occupation Retired Employer	Click Here i	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/11/21 Name & Address		
David Cassard		
7870 W Welch Rd #W	1000.00	1000.00
Empire, MI 49360	Ψ	4
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/21/21		
David Quade	1000.00	1000 00
3144 Lost Creek Trl NE	1000.00 \$	1000.00
Grand Rapids, MI 49525		<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Regional President Employer Horizon Bank		
Business Address 250 Pearl St NW, Grand Rapids, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/21/21		
Name & Address Daniel Bowen		
40 Pearl St NW - Suite 1000	1000.00	1000.00
Grand Rapids, MI 49503	\$	\$
5. If over \$100.00 cumulative, please provide:	OF-1-11	. 8. 8
Occupation Principal Owner Dempsey Ventures	Click Here to	Memo Itemization
Business Address 40 Pearl St NW - Suite 1000		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4000.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
3 4 Pageof	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

129220 1, Committee I.D. Number

2. Committee Name

Committee To Keep Joe Jones

	x to indicate if cont	ribution is from a Political regardless of amount.	Comm	enter last name, first name, ittee or an Independent ipt 9/21/21	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: Sharon Bowen 40 Pearl St NW - Grand Rapids, M	Suite 1000	1123 4. Date 0	i Necei	Pt 9/21/21	1000.00 \$	1000.00
5. If over \$100.00 cumu Occupation Homema	lative, please pro aker	vide: _ Employer			Click Here f	or Memo Itemization
Business Address Type of Contribution:	/ Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date o	f Recei	pt	 '	
					\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	of Rece	ipt	\$	e
					*	. 5
5. If over \$100.00 cumu	lative, please pro	vlde:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address				*		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	eipt		
					\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		:
				Page Sublotal	1000.00	
				and Total of All Schedules 1A	13,000.00	
4 4 Page of			(Comp	lete on last page of Schedule)	Enter this total on line 3a of Summary Page.	i ,

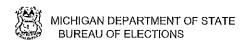
Summary Page



129220

DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number			
SCHEDULE 1E	Committee	To Keep Joe Jone	S	
CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule itemizes:			·	
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	r forgiven <u>by</u> the cor	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. 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 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Joe Jones 2528 Orchard View Dr NE	5. Date Debt Was Incurred:	\$		
Grand Rapids, MI 49505	12/1/17	\$	_	5000 00
Grana Hapiao, Mi 10000	6. Original Amount of Debt:	\$	\$ <u>O</u>	\$ 5000.00
	\$_5000.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Joe Jones	4. Type: Loan	\$		#
2528 Orchard View Dr NE	5. Date Debt Was Incurred: 5/23/19	\$		4300
Grand Rapids, MI 49505	6. Original Amount of Debt:	\$	\$ <u>0</u>	\$ 5300.00
	{\$} 300.00	<u> </u>		FORGIVEN
		<u> </u>		T ONGIVER
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	_{4, Type:} Loan	<u> </u>		,
Joe Jones	5. Date Debt Was Incurred:	\$		\$ 500
2528 Orchard View Dr NE Grand Rapids, MI 49505	6/28/19	\$, , , , , , , , , , , , , , , , , , ,
Grand Hapids, Mi 45000	6. Original Amount of Debt:	\$	\$_0	\$ 5800.00
	{\$} 500.00	· · · · · · · · · · · · · · · · · · ·		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	5800.00
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	
A debt or obligation must be shown on this Schedenthis Campaign Statement or it was forgiven during			osing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page 1 of 2



DEDTS AND ORLIGATIONS

Page 2 of 2

129220

DEDIS AND ODLIGATIONS 1.0	Committee I.D. Number					
SCHEDULE 1E Committee To Keep Joe Jones						
CANDIDATE COMMITTEE 2.0	Committee Name					
This Schedule itemizes:						
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Deb	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmittee.		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. 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 Corp? Yes Owed to or by: Joe Jones 2528 Orchard View Dr NE Grand Rapids, MI 49505	4. Type: Loan 5. Date Debt Was Incurred: 6/4/20 6. Original Amount of Debt: \$250.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ <u>O</u>	\$ 6050.00 FORGIVEN		
If bank loan, name of endorser or guarantor:		\$Am	unt Endorsed: \$ _] —		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$				
	5. <u>Date Debt Was Incurred</u> :	\$		THE PROPERTY OF THE PROPERTY O		
	6. Original Amount of Debt:		l _{\$}	\$		
	\$	\$		FORGIVEN		
If bank loan, name of endorser or guarantor:	****	An	nount Endorsed: \$			
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$				
	5. <u>Date Debt Was Incurred</u> :	\$				
		\$				
	6. Orlginal Amount of Debt:	\$	1 \$	\$		
	\$	\$		FORGIVEN		
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_			
		Page Subtotal	(Outstanding debt)	250.00		
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 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.						
the campaign statement of it was reigivest untilly	the period covered by this Catti	pagn otatement.		Summary Page		