

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

GOTION, INC.,

Plaintiff,

Case No. 1:24-cv-00275

v.

HON. JANE M. BECKERING

GREEN CHARTER TOWNSHIP,
a Michigan general law township,

Defendant.

**INDEX OF
EXHIBITS VOLUME
VI**

| | |
|-----------|--|
| Exhibit A | James Chapman Deposition Transcript Excerpts |
| Exhibit B | Texts between Charles Thelen and Jim Chapman |
| Exhibit C | Roger Carroll Deposition Transcript Excerpts |
| Exhibit D | Denise MacFarlane Deposition Transcript Excerpts |
| Exhibit E | Dale Jernstadt Deposition Transcript Excerpts |
| Exhibit F | First Amended Answer and Counterclaim |
| Exhibit G | Property Record Card |
| Exhibit H | Charles Thelen Deposition Transcript Excerpts |
| Exhibit I | Aaron Haley Deposition Transcript Excerpts |
| Exhibit J | Special Joint Meeting Minutes |
| Exhibit K | Recall Petition |
| Exhibit L | Ordinance to Establish Planning Commission |
| Exhibit M | Janet Clark Deposition Transcript Excerpts |
| Exhibit N | First Draft of Development Agreement |
| Exhibit O | Chapman Campaign Finance Report |
| Exhibit P | March 12, 2024 Email with Zoom Link |
| Exhibit Q | Gotion Amended FARA Filing |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 733364
2. Committee Name Citizens to Elect Jim Chapman

This Schedule itemizes:
a Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/19/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 300.00 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/08/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 48.00</u> | 11/07/2023 \$ 36.06 \$ \$ \$ \$ | \$ 36.06 | \$ 48.00 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/12/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 955.61</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 955.61 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



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|---|---|------------------------------------|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>contribution</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 84.83</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 84.84 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/25/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 109.78</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 109.78 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/15/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 382.24</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 382.24 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
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|--|--|---|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/02/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 93.80</u> | 11/07/2023 \$ 93.80 \$ \$ \$ \$ | \$ 93.80 | \$ 93.80 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 168.00</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 168.00 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 377.78</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 377.78 <input checked="" type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 733364
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|--|---|------------------------------------|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Clark Hill PLC 500 Woodward Ave. Suite 3500 Detroit, MI 48226 | 4. Type: <u>Legal Fees</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,418.08</u> | \$ \$ \$ \$ \$ | \$ 0.00 | \$ 15,418.08 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ \$ \$ \$ \$ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ \$ \$ \$ \$ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$15,418.08

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

\$17,938.13

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE 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) and candidate.

3. This Statement covers From: 01/01/2023 to 10/22/2023

1. Committee I.D. Number
73364

2. Committee Name
Citizens to Elect Jim Chapman

4. Candidate Last Name Chapman First Name Jim M.I. _____

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

4b. County of Residence **MECOSTA**

5. Committee's Mailing Address
**18134 Meadow Lane
Big Rapids, Mi 49307**

Area Code and Phone (231) 250-4590
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
**Jim Chapman
18134 Meadow Lane
Big Rapids, Mi 49307**

Area Code & Phone (231) 250-4590

7. Treasurer's Business Address
**18134 Meadow Lane
Big Rapids, Mi 49307**

Area Code and Phone (231) 250-4590

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

Area Code and Phone _____

FILED
 OCT 27 11:39 AM
 COUNTY CLERK
 MECOSTA COUNTY

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

Date of Election, Convention or Caucus
11/07/2023

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.)

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 lates 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 Jim Chapman Signature *James M Chapman* Date 10/27/2023

Candidate Jim Chapman Signature *Jim M Chapman* Date 10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 73364

2. Committee Name Citizens for Jim Chapman

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>7,828.05</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>\$7,828.05</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (19.) \$ <u>\$0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ _____ | (20.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>\$0.00</u> | (21.) \$ <u>\$0.00</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>\$7,211.19</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>\$7,211.19</u> | (23.) \$ <u>\$7,211.19</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>\$17,938.13</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ _____ | |
| BALANCE STATEMENT | | |
| 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, Total Contributions & Other Receipts) | (14.) + \$ <u>\$7,828.05</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>\$7,828.05</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>\$7,211.19</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>\$616.86</u> | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73364
2. Committee Name Citizens for Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-------------------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/22/2023</u> Name & Address: Zachery Dickerson 17615 Old Logging Road Hersey, MI | \$ 1220 | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Security Consultant</u> Employer <u>Proof Technology Corp</u> Business Address <u>22750 Woodward Suite 205 Ferndale, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | |
| Click Here for Memo Itemization | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2023</u> Name & Address: Val Delamater 222 Lawrence Circle Paris, MI | \$ 50.00 | \$ _____ |
| 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 | | |
| Click Here for Memo Itemization | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2023</u> Name & Address: Denise MacFarlane 21360 Popular Rd Paris, MI | \$ 2.00 | \$ _____ |
| 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 | | |
| Click Here for Memo Itemization | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2023</u> Name & Address: Gregory Meihn 17151 Beechwood Ave Beverly Hills, MI | \$ 1200.00 | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>17151 Beechwood Ave Beverly Hills, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | |
| Click Here for Memo Itemization | | |

Page Subtotal **\$2,472.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2023</u> Name & Address: Denise Bowen 18177 Meadow Lane Big Rapids, MI 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 | \$ <u>100.00</u> | \$ _____ Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/2023</u> Name & Address: Roger Carroll 21654 Riverhaven Dr Paris, MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Carpenter</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>456.00</u> | \$ _____ Click Here for Memo Itemization |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2023</u> Name & Address: Wendy Michalski 19102 Harvey St Big Rapids, MI 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 | \$ <u>25.00</u> | \$ _____ Click Here for Memo Itemization |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2023</u> Name & Address: James Peek 20839 Emerald Ln Big Rapids, MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>200.00</u> | \$ _____ Click Here for Memo Itemization |

Page Subtotal **\$781.00**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

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2. Committee Name Citizens to Elect Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-------------------|---|
| 3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/21/2023</u> Name & Address: Janet Clark 21536 Northland Dr Paris, MI 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 | \$ <u>50.00</u> | \$ _____ |
| Click Here for Memo Itemization | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/2023</u> Name & Address: Wendy Michalski 19102 Harvey St Big Rapids, MI 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 | \$ <u>50.00</u> | \$ <u>75.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/21/2023</u> Name & Address: Vedra Gant 309 Vine St Paris, MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Assist Clerk</u> Employer <u>Green Charter Township</u> Business Address <u>21431 Northland Drive Paris, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>100.00</u> | \$ _____ |
| Click Here for Memo Itemization | | |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/14/2023</u> Name & Address: Tracey Thelen 8411 N Horsehead Lk Dr Rodney MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer <u>self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>1000.00</u> | \$ _____ |
| Click Here for Memo Itemization | | |

Page Subtotal **\$1,200.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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|--|--|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: Vedra Gant 309 Vine St Paris, MI | \$ <u>25.00</u> | \$ <u>125</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>assistant Clerk</u> Employer <u>Green Charter Township</u> Business Address <u>21431 Northland Dr. Paris, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/24/2023</u> Name & Address: Greg Smith 422 Water St Paris, MI | \$ <u>40.00</u> | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2023</u> Name & Address: Marilynn Bradstrom 20500 Indian Drive Paris, MI | \$ <u>20.00</u> | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2023</u> Name & Address: Paul Griffith 17331 Outer Dr Big Rapids, MI 49307 | \$ <u>100.00</u> | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |

Page Subtotal **\$185.00**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73364
2. Committee Name Citizens to Elect Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------|---|
| 3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: Lena Yarrington 21797 Riverhaven Dr. Paris, MI 49338 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 | \$ <u>20.00</u> | \$ _____ |
| | | Click Here for Memo Itemization <input type="button" value="v"/> |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/2023</u> Name & Address: Randy Ostrander 17981 River Ranch Rd Hersey, MI 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Self</u> Business Address <u>Home</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>200.00</u> | \$ _____ |
| | | Click Here for Memo Itemization <input type="button" value="v"/> |
| 3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/05/2023</u> Name & Address: Dan Kirwin 915 Loudon Big Rapids, MI 49307 5. If over \$100.00 cumulative, please provide: Occupation <u>Assessor</u> Employer <u>Self Employed</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>300.00</u> | \$ _____ |
| | | Click Here for Memo Itemization <input type="button" value="v"/> |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2023</u> Name & Address: Richard Hurst 112 Bridge St Paris, MI 49338 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>20.00</u> | \$ _____ |
| | | Click Here for Memo Itemization <input type="button" value="v"/> |

Page Subtotal **\$540.00**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 733364
2. Committee Name Citizens to Elect Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/2023</u> Name & Address: Roger Vajda 18110 Wilson Dr Big Rapids, MI | \$ <u>50.00</u> | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2023</u> Name & Address: Jim Peek 20839 Emerald Ln Big Rapids, MI 49307 | \$ <u>80.00</u> | \$ <u>280.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: | \$ _____ | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: | \$ _____ | \$ _____ |
| 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 | Click Here for Memo Itemization <input type="button" value="v"/> | |

Page Subtotal **\$130.00**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73364
2. Committee Name Citizens to Elect Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------|---|
| 3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>300.00</u> | \$ <u>300.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>48.00</u> | \$ <u>348.00</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 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 | \$ <u>955.61</u> | \$ <u>1303.61</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>84.84</u> | \$ <u>1388.45</u> |
| Click Here for Memo Itemization | | |

Page Subtotal **\$1,388.45**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73364
2. Committee Name Citizens to Elect Jim Chapman

| 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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | \$ <u>109.78</u> | \$ <u>1498.23</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/15/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | \$ <u>382.24</u> | \$ <u>1880.47</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | \$ <u>93.80</u> | \$ <u>1974.27</u> |
| | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | \$ <u>168</u> | \$ <u>2142.27</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal **\$753.82**

Grand Total of All Schedules 1A
(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 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 73364
2. Committee Name Citizens to Elect Jim Chapman

| 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 <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|------------------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/2023</u> Name & Address: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>377.78</u> | \$ <u>2520.05</u> |
| Click Here for Memo Itemization | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | \$ _____ | \$ _____ |
| Click Here for Memo Itemization | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | \$ _____ | \$ _____ |
| Click Here for Memo Itemization | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | \$ _____ | \$ _____ |
| Click Here for Memo Itemization | | |

Page Subtotal **\$377.78**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$7,828.05 ✓

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 733364
2. Committee Name Citizens To Elect Jim Chapman

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------------|------------------|
| Expenditure #1 Name Paypal Address 2211 North 1st St San Jose, CA 95131 <input type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/23/2023</u> Date | <u>\$ 2.00</u> |
| Expenditure #2 Name Pioneer Publications Address 115 N Michigan Ave Big Rapids, MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Advertising Expense</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/25/2023</u> Date | <u>\$ 240.00</u> |
| Expenditure #3 Name Paypal Address 2211 North 1st St San Jose, CA 95131 <input type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/29/2023</u> Date | <u>\$ 35.17</u> |
| Expenditure #4 Name Big Rapids Media Address 115 N Michigan Ave Big Rapids, MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/02/2023</u> Date | <u>\$ 940.00</u> |
| Expenditure #5 Name Paypal Address 2211 North 1st St San Jose, CA 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/06/2023</u> Date | <u>\$ 3.38</u> |

Subtotal this page **\$1,220.55**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 733364
2. Committee Name Citizens To Elect Jim Chapman

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|---------------------------|------------------|
| Expenditure #1 Name USPS Address 21159 Northland Dr Paris, MI 49338 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/08/2023</u> Date | <u>\$ 48.00</u> |
| Expenditure #2 Name Menards Address 14777 215th Ave Big Rapids, MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign posts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/12/2023</u> Date | <u>\$ 44.01</u> |
| Expenditure #3 Name Dezigns by Loni Address 819 N State St Big Rapids MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Banners</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/12/2023</u> Date | <u>\$ 911.60</u> |
| Expenditure #4 Name The Classroom Store Address 400 Reed St. PO Box 392 Clearfield, PA 16830-0392 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/16/2023</u> Date | <u>\$ 84.83</u> |
| Expenditure #5 Name The Classroom Store Address 400 Reed St. PO Box 392 Clearfield, PA 16830-0392 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/25/2023</u> Date | <u>\$ 109.78</u> |

Subtotal this page **\$1,198.22** ✓
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I, D. Number 733364
2. Committee Name Citizens to Elect Jim Chapman

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------------------|-------------------|
| Expenditure #1 Name Paypal Address 2211 N. 1st St San Jose, CA 95131 <input type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/26/2023</u> Date | <u>\$ 1.21</u> |
| Expenditure #2 Name USPS Address 21159 Northland Dr Paris, MI 49338 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/28/2023</u> Date | <u>\$ 2268.00</u> |
| Expenditure #3 Name Paypal Address 2211 N. 1st St San Jose, CA 95131 <input type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/14/2023</u> Date | <u>\$ 29.39</u> |
| Expenditure #4 Name Dezigns by Loni Address 819 N State St Big Rapids MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/15/2023</u> Date | <u>\$ 318.00</u> |
| Expenditure #5 Name Cheap Signs Address 9200 Waterford Centre Blvd #100 Austin, TX 78758 <input type="checkbox"/> Fund Raiser | Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/15/2023</u> Date | <u>\$ 382.24</u> |

Subtotal this page **\$2,998.84** ✓
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 733364
2. Committee Name Citizens to Elect Jim Chapman

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---------------------------|-------------------|
| Expenditure #1 Name The Classroom Store Address 400 Reed St. PO Box 392 Clearfield, PA 16830-0392 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/02/2023</u> Date | <u>\$ 93.80</u> |
| Expenditure #2 Name Cheap Signs Address 9200 Waterford Centre Blvd #100 Austin, TX 78758 <input type="checkbox"/> Fund Raiser | Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/05/2023</u> Date | <u>\$ 168.00</u> |
| Expenditure #3 Name Cheap Signs Address 9200 Waterford Centre Blvd #100 Austin, TX 78758 <input type="checkbox"/> Fund Raiser | Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/07/2023</u> Date | <u>\$ 377.78</u> |
| Expenditure #4 Name Big Rapids Media Address 115 N Michigan Ave Big Rapids, MI 49307 <input type="checkbox"/> Fund Raiser | Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/18/2023</u> Date | <u>\$ 1154.00</u> |
| 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 **\$1,793.58**
 Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$7,211.19**

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 733364

2. Committee Name Citizens to Elect Jim Chapman

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/19/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>0.00</u> | \$ <u>300.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/08/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>48.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>0.00</u> | \$ <u>48.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/12/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>955.61</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>0.00</u> | \$ <u>955.61</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Page Subtotal (Outstanding debt) | | | | \$1,303.61 |
| Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) | | | | |

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 733364

2. Committee Name Citizens to Elect Jim Chapman

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>84.83</u> | \$ \$ \$ \$ \$ | \$ <u>0.00</u> | \$ <u>84.84</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/25/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>109.78</u> | \$ \$ \$ \$ \$ | \$ <u>0.00</u> | \$ <u>109.78</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/15/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>382.24</u> | \$ \$ \$ \$ \$ | \$ <u>0.00</u> | \$ <u>382.24</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$576.86**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 733364

2. Committee Name Citizens to Elect Jim Chapman

| This Schedule itemizes: | | | | |
|--|--|--|---------------------------------------|--|
| a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.) | | | | |
| 3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/02/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 93.80</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 93.80 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 168.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 168.00 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jim Chapman 18134 Meadow Ln, Big Rapid, Mi 49307 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/07/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 377.78</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ 0.00 | \$ 377.78 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$639.58**
Grand Total of all Schedules 1E **\$2,520.05**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 733364

2. Committee Name Citizens to Elect Jim Chapman

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Clark Hill PLC 500 Woodward Ave. Suite 3500 Detroit, MI 48226 | 4. Type: <u>Legal Fees</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>15,418.08</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>0.00</u> | \$ <u>15,418.08</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$15,418.08**

Grand Total of all Schedules 1E **\$17,938.13**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

Information on this form is made public.

| | |
|---|--|
| 1. Committee ID #: 73364 | *2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: 6c, 7a, 7b, 8, 9, 11 Eff. Date: 06/02/2023 |
| *3. Full Name of Committee (must include Candidate's first and last name): | |
| *4a. Candidate Full Name: Last Name | First Name |
| *4b. Political Party (if applicable): | |
| *4c. County of Residence: | |
| *4d. Office Sought: | *4e. District or Jurisdiction: |
| *5. Date Committee was Formed: | |
| *6a. Committee Phone: | 6b. Committee Fax #: |
| *6c. Committee Email Address: jjsport.jc@gmail.com | 6d. Committee Website Address: |
| *7a. Complete Committee Mailing Address (May be PO Box): 18134 Meadow Lane, Big Rapids, MI 49307 | |
| *7b. Complete Committee Street Address (May not be PO Box): 18134 Meadow Lane, Big Rapids, MI 49307 | |
| *8. Treasurer Name and Complete Residential Address: James Chapman 18134 Meadow Lane, Big Rapids, MI 49307 | |
| Phone #: 250-4590 | Email Address: jjsport.jc@gmail.com |
| 9. Designated Record Keeper Name and Complete Address: James Chapman | |
| Phone #: | Email Address: |
| *10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an <i>election</i> , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. <i>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</i> <input checked="" type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual. | |
| *11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Horizon Bank Secondary Depository (name and address): Big Rapids, MI 49307 | |
| 12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) | |
| *Candidate: Date: 6/2/23 | *Current Treasurer: Date: 6-2-23 |
| *Designated Record Keeper (If Applicable) | Date: |

FILED
49TH CIRCUIT COURT
COUNTY OF MICHIGAN
2023 JUN -2 P 4:29
COUNTY CLERK

EXHIBIT P

8/4/24, 11:20 PM

Gmail - [EXTERNAL] Legal conversation about voter referendum



James Chapman <jjsport.jc@gmail.com>

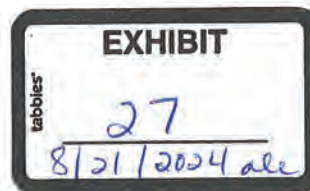
[EXTERNAL] Legal conversation about voter referendum

1 message

Belka, Jared <jbelka@wnj.com>

Tue, Mar 12, 2024 at 2:22 PM

To: Chuck Thelen <c.thelen@gotion.com>, James Chapman <jjsport.jc@gmail.com>, Stacey Crain <s.crain@gotion.com>, Aaron Haley <a.haley@gotion.com>, Tracy Ruell <ruellt@yahoo.com>, "Cumings, Troy" <TCumings@wnj.com>



Hi there,

Jared Belka is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

One tap mobile: US: +13017158592,,83698238907#,,,,*837534# or +13126266799,,83698238907#,,,,*837534#
Meeting URL: https://wnj.zoom.us/j/83698238907?pwd=PLVfRybhGevvgZvkTCGJXQv6liM7Ai.1
Meeting ID: 836 9823 8907
Passcode: 837534

Join by Telephone

For higher quality, dial a number based on your current location.

8/4/24, 11:20 PM

Gmail - [EXTERNAL] Legal conversation about voter referendum

Dial: +1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 646 876 9923 US (New York)
+1 253 205 0468 US
+1 564 217 2000 US
+1 689 278 1000 US
833 928 4610 US Toll-free
877 853 5257 US Toll-free
888 475 4499 US Toll-free
833 548 0276 US Toll-free
833 548 0282 US Toll-free
833 928 4608 US Toll-free
833 928 4609 US Toll-free

Meeting ID: 836 9823 8907

Passcode: 837534

International numbers

Join from an H.323/SIP room system

H.323: 162.255.37.11 (US West)
162.255.36.11 (US East)
115.114.131.7 (India Mumbai)
115.114.115.7 (India Hyderabad)
213.19.144.110 (Amsterdam Netherlands)
213.244.140.110 (Germany)
103.122.166.55 (Australia Sydney)
103.122.167.55 (Australia Melbourne)
149.137.40.110 (Singapore)
64.211.144.160 (Brazil)
149.137.68.253 (Mexico)
69.174.57.160 (Canada Toronto)
65.39.152.160 (Canada Vancouver)
207.226.132.110 (Japan Tokyo)
149.137.24.110 (Japan Osaka)

Meeting ID: 836 9823 8907

8/4/24, 11:20 PM

Gmail - [EXTERNAL] Legal conversation about voter referendum

Passcode: 837534

SIP: 83698238907@zoomcrc.com

Passcode: 837534

From: Chuck Thelen <c.thelen@gotion.com>
Sent: Tuesday, March 12, 2024 2:20 PM
To: Belka, Jared <jbelka@wnj.com>; James Chapman <jjsport.jc@gmail.com>; Stacey Crain <s.crain@gotion.com>; Chrysler, Ashley <achrysler@wnj.com>; Aaron Haley <a.haley@gotion.com>; Tracy Ruell <ruellt@yahoo.com>
Subject: [EXTERNAL] Legal conversation about voter referendum

Rescheduling for 230.

Chuck Thelen
Gotion Inc
VP North America Operations
+1 (248) 2076399

 **invite.ics**
5K

EXHIBIT Q

U.S. Department of Justice

Washington, DC 20530

Amendment to Registration Statement

Pursuant to the Foreign Agents Registration Act of 1938, as amended

INSTRUCTIONS. File this amendment form for any changes to a registration. Compliance is accomplished by filing an electronic amendment to registration statement and uploading any supporting documents at <https://www.fara.gov>.

Privacy Act Statement. The filing of this document is required for the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, for the purposes of registration under the Act and public disclosure. Provision of the information requested is mandatory, and failure to provide the information is subject to the penalty and enforcement provisions established in Section 8 of the Act. Every registration statement, short form registration statement, supplemental statement, exhibit, amendment, copy of informational materials or other document or information filed with the Attorney General under this Act is a public record open to public examination, inspection and copying during the posted business hours of the FARA Unit in Washington, DC. Statements are also available online at the FARA Unit's webpage: <https://www.fara.gov>. One copy of every such document, other than informational materials, is automatically provided to the Secretary of State pursuant to Section 6(b) of the Act, and copies of any and all documents are routinely made available to other agencies, departments and Congress pursuant to Section 6(c) of the Act. The Attorney General also transmits a semi-annual report to Congress on the administration of the Act which lists the names of all agents registered under the Act and the foreign principals they represent. This report is available to the public in print and online at: <https://www.fara.gov>

Public Reporting Burden. Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Chief, FARA Unit, Counterintelligence and Export Control Section, National Security Division, U.S. Department of Justice, Washington, DC 20530; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

| | |
|---|------------------------------------|
| 1. Name of Registrant Warner Norcross + Judd | 2. Registration Number 7261 |
|---|------------------------------------|

3. This amendment is filed to accomplish the following indicated purpose(es):
- To give notice of change in information as required by Section 2(b) of the Act.
 - To correct a deficiency in
 - Initial Statement
 - Supplemental Statement for the 6 month period ending 10/31/2023
 - Other purpose (*specify*) _____
 - To give notice of change in an exhibit previously filed.

4. If this amendment requires the filing of a document or documents, please list:

5. Each item checked above must be explained below in full detail together with, where appropriate, specific reference to and identity of the item in the registration statement to which it pertains.
See Appendix for Response

EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

| Date | Printed Name | Signature ¹ |
|------------|----------------|---|
| 07/20/2024 | Madelaine Lane | <input type="text" value="Sign"/> /s/Madelaine Lane |
| _____ | _____ | <input type="text" value="Sign"/> _____ |
| _____ | _____ | <input type="text" value="Sign"/> _____ |
| _____ | _____ | <input type="text" value="Sign"/> _____ |

¹ This statement shall be signed by the individual agent, if the registrant is an individual, or by a majority of those partners, officers, directors or persons performing similar functions, if the registrant is an organization, except that the organization can, by power of attorney, authorize one or more individuals to execute this statement on its behalf.

EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date

Printed Name

Signature

7/19/24

Madelaine Lane



Appendix Response to Item 5

Item 5: Each item checked above must be explained below in full detail together with, where appropriate, specific reference to and identity of the item in the registration statement to which it pertains.

Warner Norcross + Judd's ("WNJ") original filing from April 21, 2023, answered "no" on Question 10(b) sub-question six of the Exhibit A registration for whether the foreign principal client - Gotion, Inc. ("Gotion") was subsidized in part by a foreign government, foreign political party, or other foreign principal. After a review from FARA office, it was determined that WNJ needed to amend this answer based on updated information.

WNJ amends its registration and states that Gotion is partially subsidized through government funding supplied by the People's Republic of China. 2023 Annual Report of Gotion High-tech Co., Ltd. (April 20, 2024), <https://en.gotion.com.cn/uploads/file/20240419/1713527229600070.pdf>

WNJ also amends its registration and further states Gotion is partially subsidized by the majority ownership of Volkswagen AG - a German foreign principal. Specifically, "Volkswagen acquired an interest in Gotion High-Tech Co., Ltd., Hefei/China (Gotion) through Volkswagen (China) Investment Co. Ltd. in 2021, and is therefore the largest shareholder of the Chinese battery supplier." Volkswagen Group, Key Events, [https://annualreport2022.volkswagenag.com/notes/basis-of-presentation/key-events.html?search-highlight=Gotion%20\(Gotion\);GOTIONHIGH-TECHCO.,LTD.](https://annualreport2022.volkswagenag.com/notes/basis-of-presentation/key-events.html?search-highlight=Gotion%20(Gotion);GOTIONHIGH-TECHCO.,LTD.), <https://www.marketscreener.com/quote/stock/GOTION-HIGH-TECH-CO-LTD-6499139/company/>. Volkswagen AG continues to be the largest shareholder of Gotion, Inc. as shown in Gotion's most recent Annual Report. 2023 Annual Report of Gotion High-tech Co., Ltd. (April 20, 2024), <https://en.gotion.com.cn/uploads/file/20240419/1713527229600070.pdf>