

CANDIDATE COMMITTEE COVER PAGE

FILED 26 OCT 2025 PM 09:53

KALAMAZOO COUNTY CLERK KALAMAZOO, MICHIGAN

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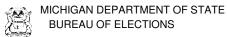
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 11/28/2023 to 10/19/2025 1. Committee I.D. Number 4. Candidate Last Name M.I. **KATHLEEN** OLMSTED M 55396 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **COUNCIL MEMBER, PORTAGE** COMMITTEE TO ELECT KATHLEEN OLMSTED 4b. County of Residence KALAMAZOO COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 9208 VANDERBILT AVE JAMES C COSS PORTAGE, MI 49024 9208 VANDERBILT AVE PORTAGE, MI 49024 Area Code and Phone (269) 280-0400
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (269) 215-5900 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 9208 VANDERBILT AVE JAMES C COSS PORTAGE, MI 49024 9208 VANDERBILT AVE PORTAGE, MI 49024 Area Code and Phone (269) 215-5900 (269) 215-5900 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/04/2025 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. Submitted electronically. Current Treasurer or signature on file 10/26/2025 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/26/2025 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 55396

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Outhurative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,650.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 4,650.00	(18.) \$ 4,650.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4,650.00	(20.) \$ 4,650.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,062.03	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _1,062.03	(23.) \$ 1,062.03
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	(12a.) \$ 296.14	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _290.14	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ 0.00 (14.) + \$ $4,650.00$ (15.) = \$ $4,650.00$ (16.) - \$ $1,062.03$ (17.) \$ $3,587.97$	*



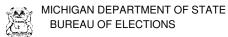
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

55396 1. Committee I.D. Number

COMMITTEE TO ELECT KATHLEEN OLMSTED

CANDIDATE CO	OMMITTEE	2. Committee Name	MMITTEE TO ELEC	KATHLEEN OLMSTED
Enter contributor's name and address. If con middle initial. Check box to indicate if contrib Committee (PAC) Report all contributions required.	ution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: RUTH OLMSTED 2257 LORRAINE AVE KALAMAZOO, MI 49008	YES 4. Date of Red	Delipt 08/01/2025	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provi	de:			
Occupation RETIRED	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address CHERYL SECOR 10429 OAKLAND DR	YES 4. Date of Rec	eeipt <u>08/19/2025</u>	_s 150.00	_s 150.00
APT 4 PORTAGE, MI 49024			*	Ψ
5. If over \$100.00 cumulative, please provide	de:			
Occupation RETIRED E	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: MARTHA SCHUMACHER 5250 S 33RD ST KALAMAZOO, MI 49048	YES 4. Date of Re	ceipt 08/19/2025	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide	de:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser	<u>.</u>	
3. Contribution # 4 PAC Receipt? [Name & Address JOHN CARRINGTON 9529 MARCO DR PORTAGE, MI 49002	YES 4. Date of Re	eceipt 09/29/2025	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provi	de:			
Occupation RETIRED	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
		Page Subtota	1,300.00	
		Grand Total of All Schedules 1A		
	(Cor	mplete on last page of Schedule)	Enter this total on	_1

line 3a of Summary Page.



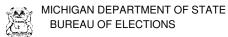
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

55396 1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT KATHLEEN OLMSTED

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 Name & Address: — LEE HUTT 363 TUSCANY DR	10/02/2025	200.00	300.00
PORTAGE, MI 49024		§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address Type of Contribution: Direct Loan from a person Fu	und Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1	0/14/2025		
Name & Address RONALD B WEISER 6100 STADIUM DR KALAMAZOO, MI 49009		_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation PRINCIPAL Employer THE WISER GF	ROUP		
Business Address 6100 STADIUM DR, KALAMAZOO, M	I 49009		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1	10/17/2025		
DANIEL BALKEMA		1 000 00	
5300 E ML AVE		_{\$} 1,000.00	_{\$} 1,000.00
KALAMAZOO, MI 49048			
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer BALKEMA EXCA	AVATING INC		
Occupation MANAGER Employer BALKEMA EXCA	AVATINA, INO.		
	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	10/17/2025		
Name & Address – RALPH T BALKEMA			
5300 E ML AVE		_{\$} 1,000.00	1,000.00
KALAMAZOO, MI 49048		\$ 1,000.00	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:			
Occupation MANAGER Employer AZO SERVICES	MANAGEMENT, INC.		
Business Address 5300 E ML AVE, KALAMAZOO, MI	49048		
Type of Contribution: Direct Loan from a person	und Raiser		
	Page Subtotal	2,350.00	
	Total of All Schedules 1A		
	on last page of Schedule) L	Enter this total on line 3a of Summary	•
Page 2 of 3		Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 5539

55396

CANDIDATE COMMITTEE

2. Committee Name

COMMITTEE TO ELECT KATHLEEN OLMSTED

Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee o		6. Amount	7. Cumulative for Election Cycle for Each
Committee (PAC) Report <u>all</u> contributions regardless of amount.	·		Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1 Name & Address: MICHAEL BALKEMA 5300 E ML AVE KALAMAZOO, MI 49048	0/17/2025	_s 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		<u>, </u>	
Occupation MANAGER Employer AZO SERVICES MA			
Business Address 5300 E ML AVE, KALAMAZOO, MI 490	048		
Type of Contribution: Direct Loan from a person Fur	nd Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address			
		\$	\$
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 Fu	und Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:			
		\$	\$
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 Fi	und Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Hara for	Memo Itemization
Occupation Employer		Click Here lor	Memo itemization
Business Address			
Type of Contribution: Direct Loan from a person Fu	nd Raiser		
	otal of All Schedules 1A	1,000.00 4,650.00	
(Complete o	n last page of Schedule) L	Enter this total on	.1

 $_{\text{Page}}\underline{3}_{\text{of}}\underline{3}_{\text{}}$

Enter this total on line 3a of Summary Page.



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

55396

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

CANDIDATE COMMITTEE 2. C	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SIGNS ON THE CHEAP	010110	08/04/2025	\$ 742.85
Address 11525A STONEHOLLOW DR AUSTIN, TX 78758	Purpose: SIGNS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CONSUMERS CREDIT UNION		08/04/2025	\$ 10.00
Address 1065 W MILHAM AVE PORTAGE, MI 49024	Purpose: BANK EXPENSE	Date	\$ <u>10.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FEDEX		08/06/2025	\$ 26.50
Address 5000 W PARK BLVD PLANO, TX 75093	Purpose: ADVERTISING	Date	
1 LANO, 1X 75050	Charle have if their assessed them is no support of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name CONSUMERS CREDIT UNION		08/06/2025	\$ 10.00
Address 1065 W MILHAM AVE PORTAGE, MI 49024	Purpose: BANK FEE	Date	10.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CONSUMERS CREDIT UNION		09/30/2025	
Address 1065 W MILHAM AVE	Purpose: BANK FEE	Date	\$ 8.00
PORTAGE, MI 49024 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	797.35
	Overd Table 4 No	Calaadud 4D	
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

55396

2 Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

	2. Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name GOTPRINT		10/07/2025	• OC 4 CO
GOTI TIII VI	DDINITING	Date	\$ <u>264.68</u>
Address 7651 CAN EEDMANDO DD	Purpose: PRINTING	Date	
7651 SAN FERNANDO RD			
BURBANK, CA 91505			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name			
			\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name			
		Date	\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
• • •		Date	\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		,,
Fund Raiser	debt or obligation reported on previous		
I unu naisei	statement		
	Subto	otal this page	264.68
	Grand Total of all	Schedules 1R	
	(Complete on last page		1,062.03

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

55396

SCHEDULE 1E
CANDIDATE COMMITTEE

COMMITTEE TO ELECT KATHLEEN OLMSTED

CANDIDATE COMMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che-	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
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.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: KATHLEEN OLMSTED	4. Type: LOAN TO THE COMMITTEE	\$		
9208 VANDERBILT AVE	5. <u>Date Debt Was Incurred</u> :	\$		
PORTAGE, MI 49024	09/25/2023	\$	0.00	_{\$} 296.14
	6. Original Amount of Debt	\$	\$ 0.00	\$_200.14
	_{\$} _296.14	· · ·		FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Amo	ount Endorsed: \$	
Debt #2 Corp? Yes		7,1110	<u>Γαπι Επασίσσα: ψ =</u>	
Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	 	\$
	\$	\$		FORGIVEN
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	Ψ		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	296.14
(C	omplete on last page of Schedule s	Grand Total howing amounts owed by c	of all Schedules 1E or to the committee)	296.14
				Enter this total

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.

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

	4	4
Page	I of	