MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
26 OCT 2025 PM 09:53
KALAMAZOO COUNTY CLERK
KALAMAZOO, MICHIGAN

FOR OFFICIAL USE ONLY

# CANDIDATE COMMITTEE COVER PAGE

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
55396

2. Committee Name
COMMITTEE TO ELECT KATHLEEN OLMSTED

4. Candidate Last Name: OLMSTED First Name: KATHLEEN M.I.: M

4a. Office Sought Including District # or Community Served (If applicable)
**COUNCIL MEMBER, PORTAGE**

4b. County of Residence **KALAMAZOO COUNTY**

5. Committee's Mailing Address
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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
JAMES C COSS
9208 VANDERBILT AVE
PORTAGE, MI 49024

Area Code & Phone (269) 215-5900

7. Treasurer's Business Address
9208 VANDERBILT AVE
PORTAGE, MI 49024

Area Code and Phone (269) 215-5900

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
JAMES C COSS
9208 VANDERBILT AVE
PORTAGE, MI 49024

Area Code and Phone (269) 215-5900

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [ ] Primary
- [X] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus
11/04/2025

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 oustanding assets, owes no lates fees or has any oustanding 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 _____ / _____ Submitted electronically, signature on file Date 10/26/2025
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/26/2025
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 55396

# SUMMARY PAGE
# CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

| **RECEIPTS** | Column I This Period | Column II Cumulative this election cycle |
|---|---|---|
| 3. Contributions | | |
| 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) | (11.) $ 0.00 | (24.) $ 0.00 |
| **DEBTS AND OBLIGATIONS** | | |
| 12. Debts and Obligations | | |
| a. Owed **by** the Committee (Schedule 1E) | (12a.) $ 296.14 | |
| b. Owed **to** the Committee (Schedule 1E) | (12b.) $ 0.00 | |

**BALANCE STATEMENT**

| | |
|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) $ 0.00 |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + $ 4,650.00 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = $ 4,650.00 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - $ 1,062.03 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ 3,587.97 * |

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 55396

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 08/01/2025

Name & Address:
RUTH OLMSTED
2257 LORRAINE AVE
KALAMAZOO, MI 49008

$ 1,000.00 $ 1,000.00

**5. If over $100.00 cumulative, please provide:**

Occupation RETIRED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/19/2025

Name & Address
CHERYL SECOR
10429 OAKLAND DR
APT 4
PORTAGE, MI 49024

$ 150.00 $ 150.00

**5. If over $100.00 cumulative, please provide:**

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 08/19/2025

Name & Address:
MARTHA SCHUMACHER
5250 S 33RD ST
KALAMAZOO, MI 49048

$ 50.00 $ 50.00

**5. If over $100.00 cumulative, please provide:**

Occupation Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/2025

Name & Address
JOHN CARRINGTON
9529 MARCO DR
PORTAGE, MI 49002

$ 100.00 $ 100.00

**5. If over $100.00 cumulative, please provide:**

Occupation RETIRED Employer

Business Address

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 1,300.00

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 55396

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 10/02/2025

Name & Address:
LEE HUTT
363 TUSCANY DR
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 ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/14/2025

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 GROUP

Business Address 6100 STADIUM DR, KALAMAZOO, MI 49009

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/17/2025

Name & Address:
DANIEL BALKEMA
5300 E ML AVE
KALAMAZOO, MI 49048

$ 1,000.00 $ 1,000.00

**5. If over $100.00 cumulative, please provide:**

Occupation MANAGER Employer BALKEMA EXCAVATING, INC.

Business Address 5300 E ML AVE, KALAMAZOO, MI 49048

Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/17/2025

Name & Address
RALPH T BALKEMA
5300 E ML AVE
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 ☐ Fund Raiser

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Page Subtotal 2,350.00

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
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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

## CANDIDATE COMMITTEE

1. Committee I.D. Number 55396

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 10/17/2025

Name & Address:
MICHAEL BALKEMA
5300 E ML AVE
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 ☐ Fund Raiser

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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 ☐ Fund Raiser

---

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

$ $

Click Here for Memo Itemization

**5. If over $100.00 cumulative, please provide:**

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

---

3. Contribution # 4 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 ☐ Fund Raiser

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Page Subtotal 1,000.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 4,650.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
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# ITEMIZED EXPENDITURES
## SCHEDULE 1B
## CANDIDATE COMMITTEE

1. Committee I. D. Number 55396

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name SIGNS ON THE CHEAP<br>Address<br>11525A STONEHOLLOW DR<br>AUSTIN, TX 78758<br>☐ Fund Raiser | Purpose: SIGNS<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/04/2025<br>Date | $ 742.85 |
| Expenditure #2<br>Name CONSUMERS CREDIT UNION<br>Address<br>1065 W MILHAM AVE<br>PORTAGE, MI 49024<br>☐ Fund Raiser | Purpose: BANK EXPENSE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/04/2025<br>Date | $ 10.00 |
| Expenditure #3<br>Name FEDEX<br>Address<br>5000 W PARK BLVD<br>PLANO, TX 75093<br>☐ Fund Raiser | Purpose: ADVERTISING<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/06/2025<br>Date | $ 26.50 |
| Expenditure #4<br>Name CONSUMERS CREDIT UNION<br>Address<br>1065 W MILHAM AVE<br>PORTAGE, MI 49024<br>☐ Fund Raiser | Purpose: BANK FEE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/06/2025<br>Date | $ 10.00 |
| Expenditure #5<br>Name CONSUMERS CREDIT UNION<br>Address<br>1065 W MILHAM AVE<br>PORTAGE, MI 49024<br>☐ Fund Raiser | Purpose: BANK FEE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 09/30/2025<br>Date | $ 8.00 |

| | |
|---|---|
| Subtotal this page | 797.35 |
| 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 55396

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name GOTPRINT<br>Address<br>7651 SAN FERNANDO RD<br>BURBANK, CA 91505<br>☐ Fund Raiser | Purpose: PRINTING<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/07/2025<br>Date | $ 264.68 |
| Expenditure #2<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date | $ _____ |
| Expenditure #3<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date | $ _____ |
| Expenditure #4<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date | $ _____ |
| Expenditure #5<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | _____<br>Date | $ _____ |

| | |
|---|---|
| Subtotal this page | 264.68 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | 1,062.03 |

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 55396

2. Committee Name COMMITTEE TO ELECT KATHLEEN OLMSTED

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>KATHLEEN OLMSTED<br>9208 VANDERBILT AVE<br>PORTAGE, MI 49024 | 4. Type: LOAN TO THE COMMITTEE<br>5. **Date Debt Was Incurred**: 09/25/2023<br>6. **Original Amount of Debt**: $ 296.14 | $<br>$<br>$<br>$<br>$ | $ 0.00 | $ 296.14<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |
| Debt #2 Corp? ☐ Yes<br>Owed to or by: | 4. Type: _____<br>5. **Date Debt Was Incurred**: _____<br>6. **Original Amount of Debt**: $ _____ | $<br>$<br>$<br>$<br>$ | $ _____ | $ _____<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |
| Debt #3 Corp? ☐ Yes<br>Owed to or by: | 4. Type: _____<br>5. **Date Debt Was Incurred**: _____<br>6. **Original Amount of Debt**: $ _____ | $<br>$<br>$<br>$<br>$ | $ _____ | $ _____<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |

Page Subtotal (Outstanding debt) 296.14

Grand Total of all Schedules 1E 296.14
(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.**