

## CANDIDATE COMMITTEE COVER PAGE

FILED 22 OCT 2025 PM 03:10

KALAMAZOO COUNTY CLERK KALAMAZOO, MICHIGAN

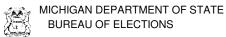
FOR OFFICIAL USE ONLY

		i		
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and compared to the control of	I signed by andidate.	3. This Statement covers From	07/29/2025 to 1	0/19/2025
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
55607		ANSARI	NASIM	Н
2. Committee Name		4a. Office Sought Including Dis MAYOR, PORTAGE	strict # or Community Served (I	f applicable)
COMMITTEE TO ELECT NASIM	ANSARI	4b. County of Residence KA	LAMAZOO COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
3015 KALARAMA AVENUE PORTAGE, MI 49024		DAVID HEALY 5352 FOUR SEASO KALAMAZOO, MI 49		
Area Code and Phone (269) 720-9404  If the address in this box is different from the comm mailing address on the Statement of Organization, be sent to this address by the filing official.	ittee mail may	Area Code & Phone (269)	998-7836	
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address (	If the committee has a
5352 FOUR SEASONS DRIVE KALAMAZOO, MI 49009				
Area Code and Phone (269) 998-7836		Area Code and Phone () -		
9. TYPE OF STATEMENT		1	9e. Dissolution of Candida	te Committee
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	<b>—</b> '	Ve certify any outstanding debt lidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	terly	by discharged and forgiven, a the committee. The committee	and no longer collectible from ee has no oustanding assets,
Primary	October 0	Juarterly	owes no lates fees or has an	y oustanding debt.
X General 		Ruartony	Further, if the dissolution can	
Convention			considered a request for the F	Reporting vvalver.
Special School	9c. Annu	al Statement () Coverage Year	Effective date of dis	ssolution
Caucus	(Comp	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to te which Statement is being ded.)	Note: The disposition of residue 1B and the Summa	dual funds must be reported on ary Page.
Date of Election, Convention or Caucus				
11/04/2025				
10. Verification: I\We certify that all reasonable dilig my\our knowledge and belief the contents are true,			lent and attached schedules (if	any) and to the best of
Current Treasurer or			Submitted electronically, signature on file	10/22/2025
Designated Record keeper Type or Print Name		/ Signature	Date	10/22/2023
		J.g	Submitted electronically, signature on file	10/22/2025
CandidateType or Print Name		Signature	Date	

1. Committee I.D. Number 55607

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 16,084.50	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 16,084.50	(18.) \$ 16,084.50
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.) \$ _16,084.50	(20.) \$ 16,084.50
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.) \$ 9,353.28	
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.) \$ 9,353.28	(23.) \$ 9,353.28
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	(106.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
<b>DEBTS AND OBLIGATIONS</b> 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>300.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$_0.00	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 16,084.50	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>16,084.50</u>	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 9,353.28	
(Subtract line 16 from line 15)	(17.) \$ <u>6,731.22</u> *	

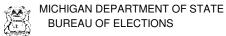


1. Committee I.D. Number \_

55607

#### **CANDIDATE COMMITTEE**

3. Contribution # 1   PAC Receipt*   YES   4. Date of Receipt*   08/01/2025     NASIM H ANSARI   3015 KALARAMA AVE   PORTAGE, MI 49024     S. If over \$100.00 cumulative, please provide:   Employer   RETIRED	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)
Occupation CANDIDATE  Business Address 3015 KALARAMA AVE, PORTAGE, MI 49024  Type of Contribution: □ Direct □ Loan from a person □ Fund Raiser  3. Contribution #2 PAC Receipt? □ YES	Name & Address: NASIM H ANSARI 3015 KALARAMA AVE	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
3. Contribution #2 Name & Address  Type of Contribution #3 NAME S Address  Type of Contribution #3 NAME S Address  Type of Contribution #3 Name & Address  WENDY MAZER 5124 SHEPHERDS GLEN RD KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide:  Cocupation	Occupation CANDIDATE Employer RETIRED  Business Address 3015 KALARAMA AVE, PORTAGE, MI 49024		
Name & Address  JULIE VICKERY 5247 HICKORY HILL LN KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide:  Occupation			
Business Address  Type of Contribution:	Name & Address  JULIE VICKERY  5247 HICKORY HILL LN	<sub>\$</sub> 100.00	<u>\$ 100.00</u>
Business Address  Type of Contribution: Direct	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 Name & Address: WENDY MAZER 5124 SHEPHERDS GLEN RD KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide: Occupation FREELANCE MUSICIAN Employer SELF EMLOYED Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal 700.00  Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation Employer		
3. Contribution # 3 Name & Address: WENDY MAZER 5124 SHEPHERDS GLEN RD KALAMAZOO, MI 49009 5. If over \$100.00 cumulative, please provide: Occupation FREELANCE MUSICIAN Employer SELF EMLOYED Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2025 Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Finter this total on Enter this total on			
Name & Address: WENDY MAZER 5124 SHEPHERDS GLEN RD KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide: Occupation FREELANCE MUSICIAN Employer SELF EMLOYED Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2025 KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule) Enter this total on	Type of Contribution:		
Occupation FREELANCE MUSICIAN Employer_SELF EMLOYED  Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009  Type of Contribution:	Name & Address: WENDY MAZER 5124 SHEPHERDS GLEN RD	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC  Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Finter this total on	5. If over \$100.00 cumulative, please provide:		
Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC  Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Finter this total on	Occupation FREELANCE MUSICIAN Employer SELF EMLOYED		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/05/2025 Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009 Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule) Enter this total on	Business Address 5124 SHEPHERDS GLEN RD, KALAMAZOO, MI 49009		
Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024 5. If over \$100.00 cumulative, please provide:  Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC  Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal 700.00  Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Type of Contribution: Direct Loan from a person Fund Raiser		
Business Address  Type of Contribution: Loan from a person Fund Raiser  Page Subtotal 700.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on	Name & Address KYLE VICKERY 8320 SHIRLEY CT APT 124 PORTAGE, MI 49024	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
Type of Contribution:     Direct   Loan from a person   Fund Raiser	Occupation SELF EMPLOYED Employer KVICK MANAGMENT, LLC		
Type of Contribution:     Direct   Loan from a person   Fund Raiser	Business Address 5247 HICKORY HILL LN, KALAMAZOO, MI 49009		
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on			
(Complete on last page of Schedule) Enter this total on	Page Subtotal	700.00	
Page Page.	(Complete on last page of Schedule)  1 Q	line 3a of Summary	

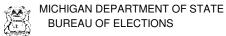


1. Committee I.D. Number

55607

#### **CANDIDATE COMMITTEE**

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 08/06/2025  Name & Address: NASIM H ANSARI 3015 KALARAMA AVE PORTAGE, MI 49024  5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer RETIRED  Business Address 3015 KALARAMA AVE, PORTAGE, MI 49024	<sub>\$</sub> 100.00	<sub>\$</sub> 300.00
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/08/2025  Name & Address		
DALE SHUGARS 1185 TANAGER LN KALAMAZOO, MI 49009	<sub>\$</sub> 100.00	<sub>\$</sub> 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		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/09/2025  Name & Address:  CHRISTOPHER PHILLIPS PO BOX 567 PORTAGE, MI 49081	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:  Occupation MANAGER  Employer BESTWAY DISPOSAL  Business Address 2314 MILLER RD, KALAMAZOO, MI 49001  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/18/2025  Name & Address  KALEEM U ANSARI  538 NORTHPORT DR  ELK GROVE VILLAGE, IL 60007	<sub>\$</sub> 400.00	<sub>\$</sub> 400.00
5. If over \$100.00 cumulative, please provide:  Occupation MEDICAL CODER Employer SELF EMPLOYED		
Business Address 538 NORTHPORT DR, ELK GROVE VILLAGE, IL 60007  Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 2 of 9	750.00  Enter this total on line 3a of Summary Page.	

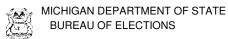


1. Committee I.D. Number

55607

#### **CANDIDATE COMMITTEE**

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? YES 4. Date of Receipt 08/19/2025  Name & Address: DENNIS SIMPSON 5385 SWEET BRIAR DR KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
Occupation PROFESSOR Employer WESTERN MICHIGAN UNIVERSITY  Business Address 1903 W MICHIGAN AVE, KALAMAZOO, MI 49008		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/20/2025  Name & Address  FAREEN EFFENDI  7363 HAMPSTEAD LN  PORTAGE, MI 49024	<sub>\$</sub> 4.50	<sub>\$</sub> 4.50
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 Name & Address:  DANIEL BALKEMA 5300 MILLER RD  KALAMAZOO, MI 49001	<sub>\$</sub> 1,200.00	<sub>\$</sub> 1,200.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer BALKEMA EXCAVATING, INC		
Business Address 5300 MILLER RD, KALAMAZOO, MI 49001		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/27/2025  Name & Address  RALPH T BALKEMA  5300 MILLER RD  KALAMAZOO, MI 49001	<sub>\$</sub> 1,200.00	<sub>\$_</sub> 1,200.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer AZO SERVICES		
Business Address 5300 MILLER RD, KALAMAZOO, MI 49001		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,404.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of of	Enter this total on line 3a of Summary	
Page O of O	Page.	

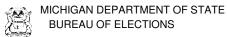


1. Committee I.D. Number

55607

#### **CANDIDATE COMMITTEE**

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? YES 4. Date of Receipt 08/27/2025  Name & Address: MICHAEL BALKEMA 5300 MILLER RD KALAMAZOO, MI 49001  5. If over \$100.00 cumulative, please provide:	<sub>\$_</sub> 1,200.00	<sub>\$</sub> 1,200.00
Occupation MANAGER Employer AZO SERVICES MANAGEMENT, INC.		
Business Address 5300 MILLER RD, KALAMAZOO, MI 49001		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/01/2025  Name & Address		
CAROLYN K DECKER	40.00	40.00
10113 WOODLAWN DR PORTAGE, MI 49002	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/03/2025  JOHN W CROWELL  8626 S 12TH ST  PORTAGE, MI 49024	\$ 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Rusiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/05/2025 Name & Address SCOTT D MCGRAW 61644 WINDRIDGE CT CENTREVILLE, MI 49032	<sub>\$</sub> 500.00	<sub>\$</sub> _500.00
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	1,840.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 4 of 9	Enter this total on line 3a of Summary Page.	

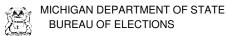


1. Committee I.D. Number

55607

**CANDIDATE COMMITTEE** 

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? Name & Address: LESTER L MINOR	YES 4. Date o	f Receipt 09/08/2025		
2514 E SHORE DR			05.00	25.00
PORTAGE, MI 49002			<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation	Employer	<u> </u>		
Business Address		····		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of	f Receipt 09/11/2025		
Name & Address RONALD B WISER				
6100 STADIUM DR			<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
KALAMAZOO, MI 49009			\$ <u>00.00</u>	\$ <b>30.00</b>
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution:  Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: MOHAMMAD A ARAIN 1019 W YOSEMITE AVE MADERA, CA 93637	YES 4. Date of	of Receipt 09/12/2025	\$ 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation SURGEON				
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser	<u></u> ,	
3. Contribution # 4 PAC Receipt?	YES 4. Date	of Receipt 09/24/2025		_
Name & Address KIMBERLY A HARRIS 5790 BAY MEADOW TRAIL PORTAGE, MI 49024			<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtota	1,100.00	
- 0		Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 5 of 9			line 3a of Summary Page.	

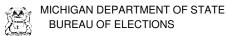


1. Committee I.D. Number

55607

**CANDIDATE COMMITTEE** 

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 09/30/2025  Name & Address: COMM-PAC 6100 STADIUM DR KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 3,000.00	<sub>\$</sub> 3,000.00
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/01/2025  Name & Address  GREGORY J O'NIEL  356 74TH ST  SOUTH HAVEN, MI 49090	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
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 10/02/2025  Name & Address:  MOHAMMED J ZAFAR 7169 BRETON WOODS CT KALAMAZOO, MI 49009	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
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 10/04/2025  Name & Address  TOM BELLIOTTI  3117 ROMENCE RD  PORTAGE, MI 49024	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,640.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 9	Enter this total on line 3a of Summary Page.	

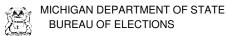


1. Committee I.D. Number

55607

#### **CANDIDATE COMMITTEE**

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 10/04/2025  Name & Address: JAVED WARSI 5388 FOXCROFT DR KALAMAZOO, MI 49009  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2025  Name & Address  MELANIE S BALKEMA  11081 PAW PAW LAKE DR  SCHOOLCRAFT, MI 49087	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOMEMAKER Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/05/2025  BRUCE F FETZER  2285 CRIMORA  SCHOOLCRAFT, MI 49087	\$ 500.00	<sub>\$</sub> 500.00
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 # 4 PAC Receipt? YES 4. Date of Receipt 10/06/2025		
Name & Address SUSAN L BALKEMA 7917 S AVE W SCHOOLCRAFT, MI 49087	<sub>\$</sub> 1,000.00	<sub>\$</sub> _1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOMEMAKER Employer		
Business Address  Type of Contribution:		
Page Subtotal	2,600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 7 of 9	Enter this total on line 3a of Summary Page.	

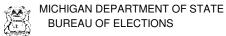


1. Committee I.D. Number

55607

**CANDIDATE COMMITTEE** 

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? YES 4. Date of Receipt 10/06/2025  Name & Address: BRENDA G BALKEMA  8522 PAW PAW LAKE DR  SCHOOLCRAFT, MI 49087  5. If over \$100.00 cumulative, please provide:  Occupation HOMEMAKER Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/07/2025		
Name & Address TIMOTHY WENZEL 3630 E SHORE DR PORTAGE, MI 49002	§ 300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGING MEMBER Employer THE UNIFORM OUTLET		
Business Address 8036 MOORSBRIDGE RD, STE 1, PORTAGE, MI 49024		
Type of Contribution:		
3. Contribution # 3 Name & Address:  DAVID L HEALY 5352 FOUR SEASONS DR KALAMAZOO, MI 49009	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution:		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/2025		
Name & Address NISAR TAREEN 3701 BELLFLOWER DR PORTAGE, MI 49024	<sub>\$</sub> 200.00	<sub>\$_</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal	1 650 00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	1,650.00  Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number \_

55607

**CANDIDATE COMMITTEE** 

2. Committee Name COMMITTEE TO ELECT NASIM ANSARI

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 10/14/2025  Name & Address: MICHAEL A BALKEMA 11081 PAW PAW LAKE DR SCHOOLCRAFT, MI 49087	<sub>\$</sub> 25.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/2025  Name & Address  RALPH T BALKEMA  5300 MILLER RD  KALAMAZOO, MI 49001	<sub>\$</sub> 25.00	<sub>\$</sub> 1,225.00
5. If over \$100.00 cumulative, please provide:  Occupation MANAGER  Employer AZO SERVICES  Business Address 5300 MILLER RD, KALAMAZOO, MI 49001  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/14/2025  Name & Address:  BRENDA G BALKEMA  8522 PAW PAW LAKE DR  SCHOOLCRAFT, MI 49087	\$ 150.00	<sub>\$</sub> 1,150.00
5. If over \$100.00 cumulative, please provide:  Occupation HOMEMAKER Employer		
Business Address  Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/16/2025  Name & Address  AHMED AQEEL  7204 MACKENZIE LN  PORTAGE, MI 49024	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED PHYSICIAN Employer		
Business Address  Type of Contribution:		
Page Subtotal	400.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	16,084.50 Enter this total on line 3a of Summary	

Page 9 of 9

Page.



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 55607

## 2. Committee Name COMMITTEE TO ELECT NASIM ANSARI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name BART'S SIGNS  Address 9719 PORTAGE RD PORTAGE, MI 49002	Purpose: SIGNS  Check box if this expenditure is payment of debt or obligation reported on previous	08/01/2025 Date	\$ <u>42.40</u>
Fund Raiser Expenditure #2	statement		
Name CAMBROI & ASSOCIATES Address	Purpose: CONSULTING	08/12/2025 Date	\$ <u>500.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name OFFICE DEPOT/OFFICE MAX  Address 6272 S WESTNEDGE AVE PORTAGE, MI 49002	Purpose: PRINTING	08/15/2025 Date	\$ <u>40.49</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ALLEGRA PRINT & IMAGING Address 6054 LOVERS LN PORTAGE, MI 49002	Purpose: PRINTING	08/18/2025 Date	\$ <u>200.34</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name BART'S SIGNS  Address  9719 PORTAGE RD  PORTAGE, MI 49002  Fund Raiser	Purpose: SIGNS  Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2025 Date	\$ <u>228.96</u>
	Subto	tal this page	1,012.19
	Grand Total of all S (Complete on last page		



## SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 556

55607

Committee Name COMMITTEE TO ELECT NASIM ANSARI

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ALLEGRA PRINT & IMAGING		09/12/2025	• 1 COC OO
ALLEGI MITTURE & INFORMATION	CICNIC	Date	\$ <u>1,696.00</u>
Address	Purpose: SIGNS	Date	
6054 LOVERS LN			
PORTAGE, MI 49002			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
		00/10/2025	
Name BART'S SIGNS		09/16/2025	\$ 37.10
Address	Purpose: SIGNS	Date	<del></del>
9719 PORTAGE RD	1 diposo		
PORTAGE, MI 49002			
TOTTAGE, WII 40002			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name HOME DEPOT		00/10/0005	
HOWL DEFOT		09/18/2025	\$ 70.99
Address	Purpose: SUPPLIES	Date	
6685 S WESTNEDGE AVE			
PORTAGE, MI 49002			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	datomon		
Name BART'S SIGNS		00/00/0005	
DAITI 3 SIGNS		09/23/2025	\$ 152.64
Address	Purpose: SIGNS	Date	
9719 PORTAGE RD	- Grades		
PORTAGE, MI 49002			
•	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name HOME DEPOT		00/04/0005	
110M2 B21 G1	CLIDDLIEC	09/24/2025	\$ 100.47
Address	Purpose: SUPPLIES	Date	<u> </u>
6685 S WESTNEDGE AVE			
PORTAGE, MI 49002	Check box if this expenditure is payment of		
□	debt or obligation reported on previous		
Fund Raiser	statement	· · · · · · · · · · · · · · · · · · ·	
	Subto	tal this page	2,057.20
	Grand Total of all S	Schodules 1P	,
	(Complete on last page		



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 55607

## 2. Committee Name COMMITTEE TO ELECT NASIM ANSARI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name ALLEGRA PRINT & IMAGING  Address 6054 LOVERS LN PORTAGE, MI 49002  Fund Raiser	Purpose: PRINTING  Check box if this expenditure is payment of debt or obligation reported on previous	09/25/2025 Date	\$ <u>167.48</u>
Expenditure #2  Name BART'S SIGNS  Address 9719 PORTAGE RD	Purpose: SIGNS	09/29/2025 Date	\$ <u>152.64</u>
PORTAGE, MI 49002  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name ALLEGRA PRINT & IMAGING Address 6054 LOVERS LN	Purpose: SIGNS	10/03/2025 Date	\$ <u>848.00</u>
PORTAGE, MI 49002  Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4  Name PANTLAND STRATEGIES  Address	Purpose: CONSULTING	10/07/2025 Date	\$ <u>3,006.06</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5  Name KINGMAKER DATA  Address	Purpose: CONSULTING	10/07/2025 Date	\$ 2,000.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	<del>,</del>	
	Grand Total of all S		6,174.18
	(Complete on last page	of Schedule)	



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 5560

55607

## 2. Committee Name COMMITTEE TO ELECT NASIM ANSARI

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name HOME DEPOT  Address 6685 S WESTNEDGE AVE PORTAGE, MI 49002	Purpose: SUPPLIES	10/09/2025 Date	\$ <u>109.7</u> 1
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name		 Date	\$
Address	Purpose:		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		r
Expenditure #3 Name			\$
Address	Purpose:	Date	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	ternization Type
Expenditure #4 Name		 Date	\$
Address	Purpose:		
Fund Raiser	Click H  Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo I	temization Type
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
	Subtot	al this page	109.71
	Grand Total of all S (Complete on last page		9,353.28



### DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

55607

SCHEDULE 1E		COMMITTEE TO ELECT NASIM ANSARI
CANDIDATE COMMITTEE	2. Committee Name	OOMINITTEE TO ELECT WASHIN ANSARII

07 1112 127 11 2 0 0 1111111 1 1 2 2				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Chec	mittee <b>OR</b> b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: NASIM H ANSARI 3015 KALARAMA AVE	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> :	* *		
PORTAGE, MI 49024	08/01/2025	\$	\$ 0.00	<sub>\$</sub> 200.00
	6. Original Amount of Debt:	\$	.	FORGIVEN
	\$ <u>200.00</u>	\$		I ONGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
NASIM H´ANSARI 3015 KALARAMA AVE	5. Date Debt Was Incurred:	\$		
PORTAGE, MI 49024	08/06/2025	\$	0.00	s 100.00
	6. Original Amount of Debt:	\$	\$ 0.00	\$_100.00_
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
,	5. <u>Date Debt Was Incurred</u> :	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtot	al (Outstanding debt)	300.00
(Co	omplete on last page of Schedule s	Grand Tota showing amounts owed by	al of all Schedules 1E	300.00
(Complete on last page of Schedule showing amounts owed by or to the committee)				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

Page 1 of 1