Clear Form

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION 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.

3.This Statement covers From: 2/20/2026 To 4/20/2026

1. Committee I.D. Number 2026013

4. Committee's Mailing Address P.O. Box 230401
Grand Rapids, MI 49523

2. Committee Name
Protect Your Property Rights and Values - Vote NO on Zoning Changes

Area Code and Phone: ----------
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.

5. Treasurer's Name and Residential Address
Jewel Gruchow
7061 Cascade RD SE, Grand Rapids, MI 49546

Area Code and Phone (616)893-2774

6. Treasurer's Business Address
7061 Cascade RD SE, Grand Rapids, MI 49546

Area Code and Phone (616)893-2774

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
Jewel Gruchow
7061 Cascade RD SE, Grand Rapids, MI 49546

Area Code and Phone (616)893-2774

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION

OR

☐ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY
☐ GENERAL
☐ SCHOOL
☐ SPECIAL
☐ OTHER: _____

Date of Election:

_____

8b.

☐ FEBRUARY STATEMENT
☒ APRIL STATEMENT
☐ JULY STATEMENT
☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(____ Coverage Year)

8d:

☐ Post Petition Sample Filing under MCL 168.483a

(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)

8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution

_____

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Jewel Gruchow / Jewel Gruchow

Digitally signed by Jewel Gruchow
Date: 2026.04.27 13:27:10 -04'00'

Type or Print Name | Signature

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2026013

2. Committee Name Protect Your Property Rights and Values - Vote NO on Zoning Changes

		Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS			
3. Contributions			
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) $	12,080	
b. Unitemized Contributions (less than $20.01 - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) $	12,080	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $	0	(19.) $
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $	12,080	(20.) $
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) $	106,915	
b. Unitemized (less than $20.01 each - no Schedule)	(6b.) $	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) $	106,915	(21.) $
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) $	8,914.29	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) $	0	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) $	0	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(8d.) $	0	
e. Subtotal of Expenditures	(8e.) $	0	(22.) $
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $	0	(23.) $
10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)	(10.) $	8,914.29	(24.) $
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $	0	(25.) $
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 4E)	(12a.)$	0	
b. Owed **to** the Committee (Schedule 4E)	(12b.) $	0	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	12,080
15. SUBTOTAL Add lines 13 and 14	(15.) =	12,080
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	8,914.29
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	$3,166.27 *

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2026013

2. Committee Name Protect Your Property Rights and Values - Vote NO on Zoning Changes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1
Name & Address:
John Postma Realtor
RE/MAX of Grand Rapids
4362 Cascade Rd SE, Grand Rapids, MI 49546

4. Date of Receipt 3/12/2026

$ 5,000 $ 5,000

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Realtor Employer RE/MAX of Grand Rapids

Business Address 4362 Cascade Rd SE, Grand Rapids, MI 49546

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

3. Contribution # 2
Name & Address:
Daniel Grzywacz
8683 Cascade RD SE,
Ada MI 49301

4. Date of Receipt 3/15/2026

$ 500 $ 5,500

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Mortgage Lender Employer Mortgage 1

Business Address 3243 E Paris Ave SE, Grand Rapids, MI 49512

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

3. Contribution # 3
Name & Address:
Advantage Commercial Real Estate Services
3333 Deposit Dr NE Suite 100,
Grand Rapids, MI 49546

4. Date of Receipt 3/25/2026

$ 5,000 $ 10,500

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
Name & Address:
JT's Pizza Inc.
6720 28th St SE,
Grand Rapids, MI 49546

4. Date of Receipt 4/6/2026

$ 500 $ 11,000

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

Page Subtotal 11,000

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

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 2026013

2. Committee Name Protect Your Property Rights and Values - Vote NO on Zoning Changes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1
Name & Address:
Timothy Robert Leavenworth
1453 Thornapple River Dr SE,
Grand Rapids, MI, 49546

4. Date of Receipt 4/19/2026

$ 50 $ 11,050

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 # 2
Name & Address:
Jamac, Inc.
5211 Cascade RD SE,
Grand Rapids, MI 49546

4. Date of Receipt 4/19/2026

$ 1,000 $ 12,050

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 # 3
Name & Address:
Brigita Darzniek
7237 Cascade RD SE,
Grand Rapids, MI

4. Date of Receipt 4/20/2026

$ 20 $ 12,070

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
Name & Address:
Claire H. Kaufmann
3408 N. Applecrest CT SE,
Ada, MI 49301

4. Date of Receipt 4/20/2026

$ 10 $ 12,080

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

Page Subtotal	1,080
Grand Total of All Schedules 4A (Complete on last page of Schedule)	12,080

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number: 2026013

2. Committee Name: Protect Your Property Rights and Values - Vote NO on Zoning Changes

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Business Address: Michigan REALTORS 720 N. Washington Ave., Lansing, MI 48906 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Signature verification and collection 5. Date Of Receipt: 2/20/2026 6. **Vendor Name & Address:** Victory Field Operations 620 N. Kane Road Webberville, MI 48,892 Click Here for Memo Itemization	$ 21,380	$ 21,380
Contribution # 2 PAC Receipt? ☐ Yes Name & Address **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: Greater Regional Alliance of REALTORS 660 Kenmoor Ave. SE, Grand Rapids, MI 49546 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Signature verification and collection 5. Date Of Receipt: 3/10/2026 6. **Vendor Name & Address:** Victory Field Operations 620 N. Kane Road, Webberville, MI 48892 Click Here for Memo Itemization	$ 19,405	$ 40,785
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: Greater Regional Alliance of REALTORS 660 Kenmoor Ave. SE, Grand Rapids, MI 49546 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Consulting services 5. Date Of Receipt: 3/10/2026 6. **Vendor Name & Address:** SeyferthPR, 40 Monroe Center NW Ste. 202, Grand Rapids, MI 49503 Click Here for Memo Itemization	$ 7,000	$ 47,785
	Page Subtotal	47,785	
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number: 2026013

2. Committee Name: Protect Your Property Rights and Values - Vote NO on Zoning Changes

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Business Address: Greater Regional Alliance of REALTORS 660 Kenmoor Ave. SE, Grand Rapids, MI 49546 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Signature verification and collection 5. Date Of Receipt: 3/13/2026 6. **Vendor Name & Address:** Victory Field Operations 620 N. Kane Road Webberville, MI 48,892 Click Here for Memo Itemization	$ 19,405	$ 67,190
Contribution # 2 PAC Receipt? ☐ Yes Name & Address **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: Greater Regional Alliance of REALTORS 660 Kenmoor Ave. SE, Grand Rapids, MI 49546 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Signature verification and collection 5. Date Of Receipt: 3/16/2026 6. **Vendor Name & Address:** Victory Field Operations 620 N. Kane Road, Webberville, MI 48892 Click Here for Memo Itemization	$ 19,405	$ 86,595
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: Greater Regional Alliance of REALTORS 660 Kenmoor Ave. SE, Grand Rapids, MI 49546 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description: Signature verification and collection 5. Date Of Receipt: 3/18/2026 6. **Vendor Name & Address:** Victory Field Operations 620 N. Kane Road, Webberville, MI 48892 Click Here for Memo Itemization	$ 20,320	$ 106,915

Page Subtotal	59,130
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	106,915

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 2026013

2. Committee Name Protect Your Property Rights and Values - Vote NO on Zoning Changes

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Warner Norcross + Judd LLP Address 150 Ottawa Ave. NW, Suite 1500, Grand Rapids, Michigan 49503 ☐ Fund Raiser	Purpose: Legal Consulting Services Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/31/2026	$ 6,139.00
Expenditure #2 Name Seyfer PR Address 40 Monroe Center NW, Grand Rapids, Michigan 49503 ☐ Fund Raiser	Purpose: Consulting services Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/17/2026	$ 2,775.29
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____

Subtotal this page	8,914.29
Grand Total of all Schedules 1B (Complete on last page of Schedule)	8,914.29

Enter this total on line 8a of Summary Page