



RECEIVED

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JACKSON COUNTY  
CLERK'S OFFICE

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.

1. Committee I.D. Number <b>2024017</b>		3. This Statement covers From: <u>5/1/24</u> to <u>7/21/24</u>	
2. Committee Name <b>Jared L. Hopkins for Jackson County Prosecutor</b>		4. Candidate Last Name <b>Hopkins</b> First Name <b>Jared</b> M.I. <b>L</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Jackson County Prosecuting Attorney</b>	
5. Committee's Mailing Address <b>205 W. Franklin St. Jackson, MI 49201</b>  Area Code and Phone <u>(517) 841-6021</u> 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.		4b. County of Residence <b>JACKSON</b>  6. Treasurer's Name & Residential Address <b>Ronald L. Rose 718 W. Washington Ave Jackson, MI 49201</b>  Area Code & Phone <u>(517) 937-1077</u>	
7. Treasurer's Business Address   Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)   Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>08/06/2024</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 late 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 <b>Ronald L. Rose</b> Type or Print Name		Signature <u>[Signature]</u> Date <u>7/21/24</u>	
Candidate <b>Jared L. Hopkins</b> Type or Print Name		Signature <u>[Signature]</u> Date <u>7/21/24</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024017

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>31,600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$31,600.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$31,600.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$252.80</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$27,585.61</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$27,585.61</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
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>\$31,600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$31,600.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$27,585.61</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$4,014.39</u>	*





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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 05/01/2024

Name & Address:

Jared L. Hopkins  
1728 Sevenoaks Dr.  
Jackson, MI 49203

\$ 2000.00

\$ \_\_\_\_\_

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

Occupation Lawyer Employer Self

[Click Here for Memo Itemization](#)

Business Address 205 W. Franklin St. Jackson, MI 49201

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/2024

Name & Address:

Marco R. Zanetti  
5080 Walbrook Ct.  
West Bloomfield, MI 48301

\$ 250.00

\$ \_\_\_\_\_

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

Occupation IT Sales Employer SHI International Corp

[Click Here for Memo Itemization](#)

Business Address 290 Davidson Ave. Somerset, NJ 08873

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/2024

Name & Address:

Corey J. McCord  
5283 Thames Ct.  
Jackson, MI 49201

\$ 1000.00

\$ \_\_\_\_\_

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

Occupation Lawyer Employer Self

[Click Here for Memo Itemization](#)

Business Address 300 W. Washington Ave Jackson, MI 49201 Ste. 400

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/02/2024

Name & Address:

Charles M. Hamlin  
6089 Sterling Rd.  
Traverse City, MI 49686

\$ 250.00

\$ \_\_\_\_\_

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

Occupation Lawyer Employer County of Grand Traverse

[Click Here for Memo Itemization](#)

Business Address 328 Wshington St. Traverse City, MI 49684

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

Page Subtotal **\$3,500.00**

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/03/2024

Name & Address:

Michael K. Falahee  
1711 Maybrook Rd.  
Jackson, MI 49201

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Lawyer Employer American Title

[Click Here for Memo Itemization](#)

Business Address 280 W. Cortland St. Jackson, MI 49201

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/01/2024

Name & Address:

Jean E. Wymer  
13313 King Rd.  
Concord, MI 49237

\$ 1400.00

\$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/03/2024

Name & Address:

John Hayes  
2600 Robinson Rd.  
Jackson, MI 49201

\$ 300.00

\$ \_\_\_\_\_

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

Occupation Court Officer Employer Judicial Services Group

[Click Here for Memo Itemization](#)

Business Address 401 S. Jackson St. Jackson, MI 49201

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/03/2024

Name & Address:

Jeff Kirkpatrick  
401 S. Jackson St.  
Jackson, MI 49201

\$ 300.00

\$ \_\_\_\_\_

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

Occupation Court Officer Employer Judicial Services Group

[Click Here for Memo Itemization](#)

Business Address 401 S. Jackson St. Jackson, MI 49201

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

Page Subtotal \$2,200.00

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

Enter this total on  
line 3a of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/04/2024

Name & Address:

Don J. Nowka  
10244 E. San Remo Blvd  
Traverse City, MI 49684

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Insurance Agent Employer Bayview Insurance Agency

[Click Here for Memo Itemization](#)

Business Address 4200 Three Mile Rd. Traverse City, MI 49686

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/04/2024

Name & Address:

Teri L. Langley  
1116 Candela Ln.  
Grand Ledge, MI 48837

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Executive Director Employer Disability Network

[Click Here for Memo Itemization](#)

Business Address 901 E. Mt. Hope Ave. Lansing, MI 48910

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/05/2024

Name & Address:

Justin T. Golden  
8 Holly Hill Lane  
Katonah, NY 10536

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Greatwater Opportunity Capital

[Click Here for Memo Itemization](#)

Business Address 8901 E. Jefferson Ave. Detroit, MI 48214

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/05/2024

Name & Address:

Michael J Way  
1034 Crestwood  
Jackson, MI 49201

\$ 75.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

Page Subtotal \$575.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

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Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/06/2024

Name & Address:

Derrick E. White  
1097 Pointe North Dr.  
Jackson, MI 49201

\$ 25.00

\$ \_\_\_\_\_

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/07/2022

Name & Address

Samuel Dobbin  
3417 E WALMONT RD  
JACKSON, MI 49203

\$ 100.00

\$ \_\_\_\_\_

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

Click Here for Memo Itemization

Occupation Fabricator Employer Alro Steel

Business Address 3100 E. High St. Jackson, MI 49201

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/09/2024

Name & Address:

Joesph S. Filip  
755 W. Michigan Ave.  
Jackson, MI 49201

\$ 100.00

\$ \_\_\_\_\_

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

Click Here for Memo Itemization

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 05/10/2024

Name & Address

David K. Elwell  
4219 Clinton Rd.  
Jakkson, MI 49201

\$ 50.00

\$ \_\_\_\_\_

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

Page Subtotal **\$275.00**

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

Enter this total on  
line 3a of Summary  
Page.





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2024017

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/03/2024

Name & Address:

Thaddeus J Szynal  
29267 Chelsea Crossing  
Farmington Hills, MI 48331

\$ 2000.00

\$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/08/2024

Name & Address

Gerald L. Hopkins  
25501 Trost Blvd. Lot 9-24  
Bonita Springs, FL 34135

\$ 2000.00

\$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/03/2024

Name & Address:

Joann M. Seaburg  
42768 Colling Dr.  
Canton, MI 48188

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 05/23/2024

Name & Address

Daniel Watts  
4879 COUNTRY LN  
JACKSON, MI 49201

\$ 500.00

\$ \_\_\_\_\_

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

Occupation Owner Employer Tri County Water

Click Here for Memo Itemization

Business Address 2701 Wildwood Ave. Jackson, MI 49201

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

Page Subtotal \$4,700.00

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2024017

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 05/13/2024

Name & Address:

Benjamin S. Jordan  
4945 Country Lane  
Jackson, MI 49201

\$ 500.00

\$ \_\_\_\_\_

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

Occupation Owner Employer BSJ Real Estate

Click Here for Memo Itemization

Business Address 3608 Wildwood Ave. Jackson, MI 49201

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 05/16/2024

Name & Address:

Benjamin S. Jordan  
4945 Country Lane  
Jackson, MI 49201

\$ 500.00

\$ 1000.00

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

Occupation Owner Employer Skyway Aviation

Click Here for Memo Itemization

Business Address 3608 Wildwood Ave. Jackson, MI 49201

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 05/24/2024

Name & Address:

Jared L. Hopkins  
1728 Sevenoaks Dr.  
Jackson, MI 49201

\$ 8000.00

\$ 10,000.00

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

Occupation Lawyer Employer Self

Click Here for Memo Itemization

Business Address 205 W. Franklin St. Jackson, MI 49201

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/03/2024

Name & Address:

John R Southworth  
1022 NW 19th Terr  
Cape Coral, FL 33993

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

Page Subtotal **\$9,500.00**

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

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Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/05/2024

Name & Address:

Theodore J. Lefere  
1744 Sevenoaks Dr.  
Jackson, MI 49203

\$ 200.00

\$ \_\_\_\_\_

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

Occupation Vice President Employer Pioneer Foundry Co. Inc.

Click Here for Memo Itemization

Business Address 606 Water St. Jackson, MI 49203

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/01/2024

Name & Address:

Georgeann E. Rose  
2113 Ganton Dr.  
Jackson, MI 49203

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 06/02/2024

Name & Address:

Shannon M. Kulhawik  
6349 E MICHIGAN AVE  
JACKSON, MI 49201

\$ 500.00

\$ \_\_\_\_\_

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

Occupation Bussiness Manager Employer Huff Auto Group

Click Here for Memo Itemization

Business Address 2800 Wildwood Ave. Jackson, MI 49201

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 06/09/2024

Name & Address:

Pierre J. Tedders  
7404 BROWNS LAKE RD  
JACKSON, MI 49201

\$ 1250.00

\$ \_\_\_\_\_

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

Occupation Dentist Employer Tedders Family & Inplant Dentistry

Click Here for Memo Itemization

Business Address 3595 Ann Arbor Rd. Jackson, MI 49202

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

Page Subtotal **\$2,050.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/2024</u> Name & Address: <u>Jared L. Hopkins</u> <u>1728 Sevnoaks Dr.</u> <u>Jackson, MI 49201</u>		\$ <u>2200.00</u>	\$ <u>12,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Self</u> Business Address <u>205 W. Franklin St. Jackson, MI 49201</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="▼"/>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/2024</u> Name & Address: <u>Kirk N. Mercer</u> <u>8075 S. Jackson Rd.</u> <u>Jackson, MI 49201</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>RW Mercer Co.</u> Business Address <u>2322 Brooklyn Rd. Jackson, MI 49201</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 <input type="button" value="▼"/>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/25/2024</u> Name & Address: <u>Peter J Langley</u> <u>1116 Candela Ln.</u> <u>Grand Ledge, MI 48837</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Lobbyist</u> Employer <u>Public Affairs Associates</u> Business Address <u>120 N. Washington Square Lansing, MI 48933</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 <input type="button" value="▼"/>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2024</u> Name & Address: <u>Phillip B. Navarre</u> <u>605 W. Michigan Ave.</u> <u>Jackson, MI 49201</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Self</u> Business Address <u>605 W. Michigan Ave. Jackson, MI 49201</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 <input type="button" value="▼"/>	

Page Subtotal **\$3,400.00**

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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 06/21/2024

Name & Address:

**Craig A. Osborne**  
316 S BOWEN  
JACKSON, MI 49203

\$ 200.00 \$ \_\_\_\_\_

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

Occupation Court Officer Employer Osborne Process Service

Click Here for Memo Itemization ☐

Business Address P.O Box 4416 Jackson, MI 49204

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/27/2024

Name & Address:

**Allan L. Tompkins**  
12555 Leisure Lane  
Horton, MI 49246

\$ 200.00 \$ \_\_\_\_\_

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

Occupation Retired Employer \_\_\_\_\_

Click Here for Memo Itemization ☐

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2024

Name & Address:

**George D. Lyons**  
1818 Lockmoor Blvd.  
Jackson, MI 49203

\$ 500.00 \$ \_\_\_\_\_

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

Occupation Lawyer Employer Self

Click Here for Memo Itemization ☐

Business Address 205 W. Franklin St. Jackson, MI 49201

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/2024

Name & Address:

**Steven D. Hackworth**  
4242 Zygmunt Dr.  
Jackson, MI 49201

\$ 2000.00 \$ \_\_\_\_\_

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

Occupation Owner Employer Pro DJ's

Click Here for Memo Itemization ☐

Business Address P.O. Box 6555 Jackson, MI 49204

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

Page Subtotal **\$2,900.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/03/2024</u></p> <p>Name &amp; Address: <u>Lorraine Taraskiewicz</u> <u>4536 Sid Dr.</u> <u>Jackson, MI 49201</u></p> <p>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</p>		\$ <u>25.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/04/2024</u></p> <p>Name &amp; Address: <u>Gary A. Hutchinson</u> <u>5274 Iroquois Ct.</u> <u>Clarkston, MI 48348</u></p> <p>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</p>		\$ <u>200.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/09/2024</u></p> <p>Name &amp; Address: <u>Robert D. Flack</u> <u>2720 Loraine St.</u> <u>Jackson, MI 49202</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u>      Employer <u>Self</u> Business Address <u>2720 Loraine St. Jackson, MI 49202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>		\$ <u>150.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/09/2024</u></p> <p>Name &amp; Address: <u>Connie M. Soto</u> <u>2219 Treys Trail</u> <u>Mishawaka, IN 46545</u></p> <p>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</p>		\$ <u>1100.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$1,475.00

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/16/2024</u></p> <p>Name &amp; Address: <u>Kevin M. Thompson</u> <u>405 S. Jackson St.</u> <u>Jackson, MI 49201</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u>      Employer <u>Self</u> Business Address <u>405 S. Jackson St. Jackson, MI 49201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>125.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/12/2024</u></p> <p>Name &amp; Address: <u>Allan L. Tompkins</u> <u>12555 Leisure Lane</u> <u>Horton, MI 49246</u></p> <p>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</p>		\$ <u>400.00</u>	\$ <u>600.00</u>
		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/2024</u></p> <p>Name &amp; Address: <u>Jared L Hopkins</u> <u>1728 Sevenoaks Dr</u> <u>Jackson, MI 49203</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u>      Employer <u>Self</u> Business Address <u>205 W. Franklin St. Jackson, MI 49201</u> Type of Contribution: <input type="checkbox"/> Direct      <input checked="" type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ _____
		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address _____</p> <p>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</p>		\$ _____	\$ _____
		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	

Page Subtotal \$1,025.00

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

\$31,600.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024017

### CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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 <u>all</u> 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? <input checked="" type="checkbox"/> Yes Name & Address: Right to Life of Michigan Political Action Committee 2340 Porter St SW Grand Rapids, MI 49509 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>List Rental</u> 5. Date Of Receipt: <u>07/21/2024</u> 6. Vendor Name & Address:	\$ <u>252.80</u> \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others      \$ _____ \$ _____ <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:		
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated      \$ _____ \$ _____ <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:		
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$252.80**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$252.80**

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on line 6 of Summary  
Page





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

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PNC Bank</b>  Address 1965 Boardman Rd Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <b>Clover Services</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>105.95</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <b>PNC Bank</b>  Address 1965 Boardman Rd Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <b>Clover Service Fee</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>86.30</u>  Click Here for Memo Itemization Type
Expenditure #3 Name <b>Menards</b>  Address 3588 Page Ave. Jackson, MI 49203  <input type="checkbox"/> Fund Raiser	Purpose: <b>Sign Posts</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>764.24</u>  Click Here for Memo Itemization Type
Expenditure #4 Name <b>PNC Bank</b>  Address 1965 Boardman Rd Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <b>Purchase of Checks</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/2024</u> Date	\$ <u>7.50</u>  Click Here for Memo Itemization Type
Expenditure #5 Name <b>WAM</b>  Address 5510 33rd St. SE Grand Rapids, MI 49512  <input type="checkbox"/> Fund Raiser	Purpose: <b>RTL Mailer</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2004</u> Date	\$ <u>1838.70</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$2,802.69**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Canva US Inc.</b>  Address 3212 E. Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702  <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>05/06/2024</u> Date	\$ <u>178.00</u>  <a href="#">Click Here for Memo Itemization Type</a> <input type="button" value="v"/>
Expenditure #2 Name <b>Canva US Inc.</b>  Address 3212 E. Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702  <input type="checkbox"/> Fund Raiser	Purpose: <u>Endorsement Cards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/2024</u> Date	\$ <u>103.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Canva US Inc.</b>  Address 3212 E. Cesar Chavez St Building 1, Suite 1300 Austin, TX 78702  <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>625.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Amazon Inc</b>  Address 410 Terry Ave N Seattle, Washington 98909  <input type="checkbox"/> Fund Raiser	Purpose: <u>Balloons</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>186.45</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>3D Embroidery &amp; Screen Printing</b>  Address 7310 King Rd. Spring Arbor, MI 49283  <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs and Shirts</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>9984.94</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$11,077.39**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Right to Life of Michigan Inc.</b>  Address PO Box 901 2340 Porter St. SW Grand Rapids, MI 49509  <input type="checkbox"/> Fund Raiser	Purpose: <u>RTL Mailer Name List</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/2024</u> Date	\$ <u>84.60</u>
Expenditure #2 Name <b>PNC Bank</b>  Address 1965 Boardman Rd. Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <u>Clover Service Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>64.80</u>
Expenditure #3 Name <b>PNC Bank</b>  Address 1965 Boardman Rd. Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <u>Clover Service Fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>6.95</u>
Expenditure #4 Name <b>Graphics 3. Inc.</b>  Address 205 W. Garfield Ave. Coldwater, MI 49036  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer #1</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>4660.16</u>
Expenditure #5 Name <b>Graphics 3. Inc.</b>  Address 205 W. Garfield Ave. Coldwater, MI 49036  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer #2</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2024</u> Date	\$ <u>5056.02</u>

Subtotal this page **\$9,872.53**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>McKibbin Media Group</b>  Address 1700 Glenshire Dr. Jackson, MI 49201  <input type="checkbox"/> Fund Raiser	Purpose: <u>Radio Advertisement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>1998.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name <b>Bright Spark Strategies</b>  Address 106 W. Allegan Lansing, MI 48933  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer List</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>1000.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name <b>JTV Inc.</b>  Address 152 W. Michigan Ave. Jackson, MI 49201  <input type="checkbox"/> Fund Raiser	Purpose: <u>Television Advertising</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>675.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name <b>Facebook</b>  Address 1 Hacker Way Menlo Park, CA 94025  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2024</u> Date	\$ <u>35.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name <b>Facebook</b>  Address 1 Hacker Way Menlo Park, CA 94025  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>15.00</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$3,723.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Facebook</b>  Address <b>1 Hacker Way Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a> ▼	\$ <u>25.00</u>
Expenditure #2 Name <b>Facebook</b>  Address <b>1 Hacker Way Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a> ▼	\$ <u>35.00</u>
Expenditure #3 Name <b>Facebook</b>  Address <b>1 Hacker Way Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a> ▼	\$ <u>50.00</u>
Expenditure #4 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 <a href="#">Click Here for Memo Itemization Type</a> ▼	\$ _____
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 <a href="#">Click Here for Memo Itemization Type</a> ▼	\$ _____

Subtotal this page **\$110.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$27,585.61**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

LATE CONTRIBUTION REPORT

RECEIVED

JUL 26 2024

JACKSON COUNTY  
CLERK'S OFFICE

1. Your Committee ID#: 2024017
2. Your Committee Name: Committee to Elect Jared L. Hopkins for Jackson County Prosecutor
3. Date Late Contribution(s) Received: 07/24/24 (Only one Date per Sheet)

<ul style="list-style-type: none"><li>• Late Contribution Reports are required when a<ul style="list-style-type: none"><li>○ Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See <a href="#">Appendix G</a> of the Campaign Finance Manual.</li><li>○ A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election. See <a href="#">Appendix G</a> of the Campaign Finance Manual.</li></ul></li><li>• Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.</li><li>• Late Contribution Reports are not waived by the Reporting Waiver.</li><li>• Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.</li><li>• Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.</li><li>• Electronic Filers on the state level must file all Late Contribution Report <a href="#">electronically</a>.</li><li>• The Late Contribution must also be reported on the next Campaign Statement owed by the committee.</li></ul>		
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.	
Contributor Name and Address: Jared L. Hopkins 1728 Sevenoaks Dr. Jackson, MI 49203  (If Individual, also provide:) Occupation <u>Lawyer</u> Employer / Business Address <u>Self / 205 W. Franklin St. Jackson, MI 49201</u> <u>Loan</u>	\$4,785.31	
Contributor Name and Address:   (If Individual, also provide:) Occupation _____ Employer / Business Address _____		
Contributor Name and Address:   (If Individual, also provide:) Occupation _____ Employer / Business Address _____		
Contributor Name and Address:   (If Individual, also provide:) Occupation _____ Employer / Business Address _____		





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

RECEIVED

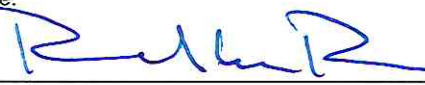

SEP 05 2024

JACKSON COUNTY  
CLERK'S OFFICE

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.

1. Committee I.D. Number <b>2024017</b>		3. This Statement covers From: <u>07/22/2024</u> to <u>08/26/2024</u>	
2. Committee Name <b>Jared L. Hopkins for Jackson County Prosecutor</b>		4. Candidate Last Name <b>Hopkins</b> First Name <b>Jared</b> M.I. <b>L</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Jackson County Prosecuting Attorney</b> <input checked="" type="checkbox"/> 4b. County of Residence <b>JACKSON</b> <input checked="" type="checkbox"/>	
5. Committee's Mailing Address <b>205 W. Franklin St. Jackson, MI 49201</b>  Area Code and Phone <u>(517) 841-6021</u> 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 <b>Ronald L. Rose 718 W. Washington Ave. Jackson, MI 49201</b>  Area Code & Phone <u>(517) 973-1077</u>	
7. Treasurer's Business Address    Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)    Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>08/06/2024</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( _____ ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 <b>Ronald L. Rose</b> Type or Print Name		 Signature	
Date <u>09/04/2024</u>			
Candidate <b>Jared L. Hopkins</b> Type or Print Name		 Signature	
Date <u>09/04/2024</u>			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024017

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,985.31</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,985.31</u>	(18.) \$ <u>\$36,585.31</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u></u>	(19.) \$ <u></u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$4,985.31</u>	(20.) \$ <u>\$36,585.31</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u></u>	(21.) \$ <u>\$252.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u></u>	(22.) \$ <u></u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,125.04</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u></u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,125.04</u>	(23.) \$ <u>\$32,710.65</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u></u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u></u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u></u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$4,014.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,985.31</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$8,999.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,125.04</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$3,874.66</u>	*





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2024017

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

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 07/25/2024

Name & Address:

Jared L. Hopkins  
1728 Sevenoaks Dr.  
Jackson, MI 49203

\$ 4785.31

\$ 16,985.31

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

Occupation Lawyer Employer Self

[Click Here for Memo Itemization](#)

Business Address 205 W. Franklin St. Jackson, MI 49201

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 07/25/2024

Name & Address:

Amy Klein  
7109 Rives Junction Rd.  
Jackson MI 49201

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Homemaker Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 07/29/2024

Name & Address:

Brad Brelinski  
645 Florence Rd  
Ann Arbor, MI 48103

\$ 100.00

\$ \_\_\_\_\_

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

Occupation Lawyer Employer Self

[Click Here for Memo Itemization](#)

Business Address 7521 Westshire Dr.Suite 100Lansing, Michigan 48917

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:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

Page Subtotal \$4,985.31

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

\$4,985.31

Enter this total on  
line 3a of Summary  
Page.



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

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Facebook</b>  Address 1 Hacker Way Menlo Park, CA 94025  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>9.36</u>
Expenditure #2 Name <b>Graphics 3</b>  Address 205 W. Garfield Ave. Coldwater, MI  <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>4785.31</u>
Expenditure #3 Name <b>Google</b>  Address 600 Amphitheatre Parkway Mountain View, CA 94043  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>8.36</u>
Expenditure #4 Name <b>PNC Bank</b>  Address 1965 Boardman Rd. Jackson, MI 49202  <input type="checkbox"/> Fund Raiser	Purpose: <u>Merchant Fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>7.88</u>
Expenditure #5 Name <b>Facebook</b>  Address 1 Hacker Way Menlo Park, CA 94025  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/2024</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>150.00</u>

Subtotal this page **\$4,960.91**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page





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

1. Committee I. D. Number 2024017  
2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Facebook</b>  Address <b>1 Hacker Way</b> <b>Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2024</u> Date	\$ <u>75.00</u>
Expenditure #2 Name <b>Facebook</b>  Address <b>1 Hacker Way</b> <b>Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2024</u> Date	\$ <u>71.75</u>
Expenditure #3 Name <b>Facebook</b>  Address <b>1 Hacker Way</b> <b>Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Social Media Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2024</u> Date	\$ <u>17.38</u>
Expenditure #4 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	\$ _____
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			\$ <b>164.13</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <b>5,125.04</b>

Enter this total  
on line 8a of  
Summary Page



RECEIVED

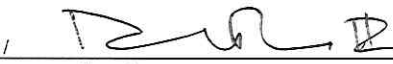

NOV 25 2024

JACKSON COUNTY  
CLERK'S OFFICE

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.

1. Committee I.D. Number <b>2024017</b>		3. This Statement covers From: <u>08/27/2024</u> to <u>10/20/2024</u>	
2. Committee Name <b>Jared L. Hopkins for Jackson County Prosecutor</b>		4. Candidate Last Name <b>Hopkins</b> First Name <b>Jared</b> M.I. <b>L</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Jackson County Prosecuting Attorney</b> <input checked="" type="checkbox"/> 4b. County of Residence <b>JACKSON</b> <input checked="" type="checkbox"/>	
5. Committee's Mailing Address <b>205 W. Franklin St. Jackson, MI 49201</b>  Area Code and Phone <u>(517) 841-6021</u> 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 <b>Ronald L. Rose 718 W. Washington Ave. Jackson, MI 49201</b>  Area Code & Phone <u>(517) 937-1077</u>	
7. Treasurer's Business Address    Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)    Area Code and Phone _____	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/05/2024</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  <b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late 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 <b>Ronald L. Rose</b> Type or Print Name		 Signature Date <u>11/25/2024</u>	
Candidate <b>Jared L. Hopkins</b> Type or Print Name		 Signature Date <u>11/25/2024</u>	





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024017

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</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>\$36,585.31</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$36,585.31</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>\$252.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$32,710.65</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,874.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,874.66</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,874.66</u> *	



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NOV 25 2024

JACKSON COUNTY  
CLERK'S OFFICE

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: <u>10/21/2024</u> to <u>11/25/2024</u>	
1. Committee I.D. Number <b>2024017</b>	4. Candidate Last Name <u>Hopkins</u> First Name <u>Jared</u> M.I. <u>L</u> 4a. Office Sought Including District # or Community Served (If applicable) <b>Jackson County Prosecuting Attorney</b>
2. Committee Name <u>Jared L. Hopkins for Jackson County Prosecutor</u>	4b. County of Residence <b>JACKSON</b>
5. Committee's Mailing Address <u>205 W. Franklin St.</u> <u>Jackson, MI 49201</u>  Area Code and Phone <u>(517) 841-6021</u> 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 <u>Ronald L. Rose</u> <u>718 W. Washington Ave.</u> <u>Jackson, MI 49201</u>  Area Code & Phone <u>(517) 937-1077</u>
7. Treasurer's Business Address    Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)    Area Code and Phone _____
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/05/2024</u>	
Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> 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 late 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 <u>11/25/2024</u>  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 <u>Ronald L. Rose</u> Signature <u>[Signature]</u> Date <u>11/25/2024</u> Type or Print Name Signature Date	
Candidate <u>Jared L. Hopkins</u> Signature <u>[Signature]</u> Date <u>11/25/2024</u> Type or Print Name Signature Date	





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024017

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jared L. Hopkins for Jackson County Prosecutor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</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>\$36,585.31</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$36,585.31</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>\$252.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,874.66</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,874.66</u>	(23.) \$ <u>\$36,585.31</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,874.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,874.66</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,874.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u> *	



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

1. Committee I. D. Number 2024017  
2. Committee Name Committee To Elect Jared L. Hopkins for Jackson County Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Jared L. Hopkins</u> Address <u>1728 Sevenoaks Dr.</u> <u>Jackson, MI 49203</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Personal Loan Repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/24/2025</u> Date	<u>\$ 3874.66</u>
Expenditure #2 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	\$ _____
Expenditure #3 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	\$ _____
Expenditure #4 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	\$ _____
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			<b>\$3,874.66</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$3,874.66</b>

Enter this total  
on line 8a of  
Summary Page