48-4 ····		FILED			
BUREAU OF ELECTIONS	STATE	28 OCT 2022 AM	11:20		
CANDIDATE COMMI COVER PAGE		KENT COUNTY CL GRAND RAPIDS, MIC		FOR OFFIC	AL USE ONLY
Report must be legible, typed or printed in ink the treasurer (or designated record keeper) a		3. This Statement covers From	^{n:} 01/01,	/2022 _{to} 1	0/23/2022
1. Committee I.D. Number	4	. Candidate Last Name		First Name	M.I.
129219		REPPART	K	URT	
120210	4	4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		CITY COMMISSIONER, WARD 1, GRAND RAPIDS			
FRIENDS OF KURT RE		4b. County of Residence KENT COUNTY			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Addre	SS	
1232 PARK ST SW		JAMES DAVIS			
GRAND RAPIDS, MI 49504		248 GARFIELD AVE			
		GRAND RAPIDS, M	11 49504	ļ	
Area Code and Phone (616) 647-7304					
If the address in this box is different from the co mailing address on the Statement of Organizati	and the set of the set of the				
be sent to this address by the filing official.	ion, mai may	Area Code & Phone (616)	446-888	3	
7. Treasurer's Business Address		8. Designated Record keeper	's Name an	d Mailing Address (If the committee has a
		Designated Record keeper)			
248 GARFIELD AVE SW					
GRAND RAPIDS, MI 49504					
Area Code and Phone (616) 446-888	3	0 -			
		Area Code and Phone <u>0</u> -	90 Diss	olution of Candida	to Committee
9. TYPE OF STATEMENT	Required ONL	Y if candidate	Je. DISS		
9a. X Pre-Election OR 9b. Post-Electi	on is not on the b			-	Ve certify any outstanding debt
Pre-Election or Post-Election Statement relates	current year: to:		,		idate or his or her spouse is here and no longer collectible from
	July Quarter	ly	the comm	ittee. The committee	ee has no oustanding assets,
	October Qu	arterly	owes no l	ates fees or has an	y oustanding debt.
XGeneral		arcony			not be granted, that this be
Convention			considere	d a request for the l	Reporting Waiver.
Special	9c. 🗌 Annual	Statement ()			
School		Coverage Year		Effective date of di	ssolution
	9d. Amendr	nent to Campaign Statement			
Caucus	(Comple	te Item 9a, 9b , 9c or 9e to	Note [.] The	disposition of resid	lual funds must be reported on
	amende	which Statement is being d.)		1B and the Summa	
Date of Election, Convention or Caucus					
11/08/2022					
10. Verification: I\We certify that all reasonable my\our knowledge and belief the contents are to			nent and atta	ached schedules (if	any) and to the best of
Current Treasurer or			Su	bmitted electronically,	
Designated Record keeper	/		sig	nature on file Date	10/28/2022
Type or Print Na	me	Signature		Dale	
				bmitted electronically,	10/00/0000
Candidate	,		sig	nature on file Date	10/28/2022
Type or Print N	ame	Signature			

1



	1. Committee I.D. Number 129219		
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name FRIENDS OF KURT REPPART		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle	
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 19,025.00		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE		
c. Subtotal of "Contributions"	(3c.) \$_19,025.00	(18.) \$ 26,260.30	
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.) \$ 19,025.00	(20.) \$ 26,260.30	
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.) \$} <u>18,863.07</u>		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 18,863.07	(23.) \$ 20,627.08	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00	
DEBTS AND OBLIGATIONS 12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 2,500.00		
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00		
	BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ 6,098.24		
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 19,025.00		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_25,123.24		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 18,863.07		
(Subtract line 16 from line 15)	(17.) \$ 6,260.17	*	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	, 129219	
SCHEDULE 1A 1. Committee I.D. Numbe	· · · · · · · · · · · · · · · · · · ·	URT REPPART
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 01/16/2022 Name & Address: MAX GIBBS 335 BRIDGE ST NW #1903 GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_ <u>\$</u> 200.00	_{\$} 200.00
Occupation RETIRED Employer		
Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/16/2022 Name & Address ANDREW BROWER 1436 WILCOX PARK DR SE GRAND RAPIDS, MI 49506	<u>100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/16/2022 Name & Address: CLIFF REPPART 412 W FERRY ST BERRIEN SPRINGS, MI 49103	_ <u>150.00</u>	<u>150.00 s</u>
5. If over \$100.00 cumulative, please provide:		
Occupation EDUCATOR Employer BRIDGMAN PUBLIC SCHOOLS		
Business Address 9964 GAST RD, BRIDGMAN, MI 49106		
Type of Contribution: 🖌 Direct 🛛 Loan from a person 🔹 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/16/2022 Name & Address JANET ZAHN 222 RICHARDS AVE NW GRAND RAPIDS, MI 49504	<u>\$200.00</u>	<u>\$</u> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	^{al} 650.00	
Grand Total of All Schedules 1		
(Complete on last page of Schedule Pageof	e) Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129219	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name	RIENDS OF K	URT REPPART
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/16/2022 Name & Address: JIM DAVIS	-	
1411 BEMIS ST SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/17/2022 Name & Address TIM SWINEY 2438 BOULEVARD DR SW WYOMING, MI 49519	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Image: Loan from a person Image: Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/22/2022 Name & Address: TIMOTHY KOONS 222 CANAL WAY SHEPHERDSTOWN, WV 25443	_ ₅50.00_	<u>\$ 50.00</u>
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 03/04/2022 Name & Address BEN KAMPMEIER 758 TAMARACK AVE NW GRAND RAPIDS, MI 49504	_{\$} 40.00	<u></u> 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 Subtota	^{al} 240.00	
Grand Total of All Schedules 1A		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	Number 129219
SCHEDULE 1A 1. Committee I.D. N	
CANDIDATE COMMITTEE 2. Committee Nam	le
Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independer Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/07/2022 Name & Address: INGER BROWN 1362 MYRTLE ST NW	<u>۽</u> 25.00 ۽ 25.00
GRAND RAPIDS, MI 49504	<u>\$20.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address Type of Contribution: Image: Contribution in the contributication in the contribution in the contris of the contributic	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/08/2022	
Name & Address JOEL LAUTENBACH 1318 MILTON ST SE GRAND RAPIDS, MI 49506	<u>\$300.00</u> <u>\$</u> 300.00
5. If over \$100.00 cumulative, please provide:	
	_
Business Address 2080 UNION AVE SE, GRAND RAPIDS, MI 4950	77
Type of Contribution: 🔽 Direct Loan from a person 🔲 Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/08/2022 Name & Address: STEPHEN FABER 1845 MEADOWFIELD DR NE GRAND RAPIDS, MI 49505	\$50.00 <u>\$50.00</u>
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 03/08/2022 Name & Address JEREMY DEROO 1219 THOMAS ST SE GRAND RAPIDS, MI 49506	<u>100.00</u> <u>100.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	
Page	Subtotal 475.00
Grand Total of All Scheo (Complete on last page of S	
Pageof	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		129219	
	FRI		URT REPPART
Enter contributor's name and address. If contribution is from an individual, ente middle initial. Check box to indicate if contribution is from a Political Committee 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 Name & Address:	03/08/2022		
JOEL KAMSTRA			
2200 JEFFERSON DR SE GRAND RAPIDS, MI 49507		[°] 250.00	[°] 220.00
5. If over \$100.00 cumulative, please provide:		\$ <u> </u>	ð
Occupation PRINCIPAL Employer FRISIA GROU	JP		
Business Address 2200 JEFFERSON DR SE, GRAND RAP			
	und Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt ()3/11/2022		
Name & Address			
RUTH KELLY 940 MONROE AVE NW		s 50.00	s 50.00
GRAND RAPIDS, MI 49503		<u>\$00.00</u>	<u>§ 00.00</u>
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 (03/11/2022		
Address: – – – – – – – – – – – – – – – – – –			
932 ALPINE AVE NW #2		<u>\$100.00</u>	_{\$} 150.00
GRAND RAPIDS, MI 49504			
5. If over \$100.00 cumulative, please provide:			
Occupation PROJECT SUPERVISOR Employer STRONG BEGINNINGS			
Business Address 751 LAFAYETTE AVE NE, GRAND RAPID			
	Fund Raiser		
Name & Address	03/11/2022		
MICAH PERKINS 2133 RICHMOND ST NW			
GRAND RAPIDS, MI 49504		<u>\$50.00</u>	<u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
	und Raiser		
	Page Subtotal	450.00	
	Total of All Schedules 1A		
	on last page of Schedule)	Enter this total on line 3a of Summary	
Page_4_of_29_		Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name	IENDS OF K	URT REPPART
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 03/14/2022 Name & Address: LYNEE WELLS 1451 ROBINSON RD SE	50.00	<u>،</u> 50.00
GRAND RAPIDS, MI 49506	<u>\$50.00</u>	§ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/15/2022 Name & Address JUAN GARCIA 50 VALLEY AVE NW GRAND RAPIDS, MI 49504	<u>\$50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Image: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/16/2022 Name & Address: MARK VELDT 1155 DAYTON ST SW GRAND RAPIDS, MI 49504	_{\$} 50.00	<u>₅ 50.00</u>
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 03/18/2022 Name & Address JIM TALEN 30 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 50.00	<u>50.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	200.00	
Grand Total of All Schedules 1A		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name		URT REPPART
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/20/2022	· · · · · ·	
DALE ROBERTSON 3370 BROOKPOINT DR SE		
GRAND RAPIDS, MI 49546	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Image: Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/20/2022		
JOHN GLOVER		
543 NORWOOD AVE SE GRAND RAPIDS, MI 49506	<u>\$300.00</u>	<u>\$ 300.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer WELLHOUSE		
Business Address 600 CASS AVE SE, GRAND RAPIDS, MI 49503		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/21/2022		
PAUL SOLTYSIAK		
902 MUSKEGON AVE NW	<u>\$50.00</u>	<u>\$ 50.00</u>
GRAND RAPIDS, MI 49504		
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Occupation Employer Business Address		
Type of Contribution: Image: Direct Image: Loan from a person Image: Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/21/2022		
LUCAS LEVERETT		
938 WALKER AVE NW GRAND RAPIDS, MI 49504	_{\$} 50.00	<u>\$ 50.00 </u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	450.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)]
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
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 03/21/2022 Name & Address: CASEY KORNOELJE 1400 COLORADO AVE SE GRAND RAPIDS, MI 49507	₅ 500.00	_s 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Business Address 831 WEALTHY ST SW, GRAND RAPIDS, MI 49504 Type of Contribution: Direct Loan from a person Fund Raiser	Ψ	<u></u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/21/2022 Name & Address MAXWELL DILLIVAN 1335 TAMARACK AVE NW GRAND RAPIDS, MI 49504	<u>\$50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Image: Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/21/2022 Name & Address: MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	<u>\$ 100.00</u>	<u></u> \$200.00
5. If over \$100.00 cumulative, please provide: Occupation CEO Business Address 25 SHELDON AVE SE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/21/2022 Name & Address ERIKA VANDYKE 536 LYON ST NE GRAND RAPIDS, MI 49503	_{\$} 50.00	<u>\$</u> 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Image: Fund Raiser	-	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	700.00 Enter this total on line 3a of Summary Page.	_

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
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 03/21/2022 Name & Address: BRIAN SMITH 475 142ND AVE CALEDONIA, MI 49316	_{\$} 50.00	₅ 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/21/2022 Name & Address JONATHAN FARMAN 1853 DARWIN AVE SW GRAND RAPIDS, MI 49507	_{\$} 50.00	<u>\$ 50.00</u>
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 03/21/2022 Name & Address: LEE MUELLER 311 EUREKA AVE SE GRAND RAPIDS, MI 49506	<u>100.00</u>	<u>\$ 100.00</u>
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 03/21/2022 Name & Address ARLEN GADDY 636 FIRST ST NW GRAND RAPIDS, MI 49504	_{\$} 100.00	<u>_</u> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Image: Loan from a person Image: Fund Raiser		
Page Subtotal	300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary Page.	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	Semmittee LD Number 1292	19
		OF KURT REPPART
Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee on Committee (PAC) Report <u>all</u> contributions regardless of amount.		Int 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 0	3/21/2022	
RAFAEL CASTANON		
1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505	_{\$} 40	.00 .40.00
	\$ <u></u> 10	<u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Image: Contribution in the property of the property	d Raiser	
Type of Contribution: Image: Direct Loan from a person Image: Fundamental structure 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03		
Name & Address	/21/2022	
JONATHAN PEERBOOM	50	
1310 HOPE ST SE	<u>\$500</u>	0.00 \$500.00
GRAND RAPIDS, MI 49506		
5. If over \$100.00 cumulative, please provide: Occupation CO-OWNER Employer PEAR TREE HO	MES	
Business Address 1310 HOPE ST SE, GRAND RAPIDS,	VII 49506	
Type of Contribution:	nd Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03	3/21/2022	
JOHN WYNBEEK	50	
1550 PONTIAC RD SE	<u>\$ 50.</u>	<u>.00 _{\$}100.00</u>
GRAND RAPIDS, MI 49506		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: 🖌 Direct Loan from a person 🖌 Fu		
	nd Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0	3/21/2022	
3759 JASON RIDGE LN SW WALKER, MI 49534	<u>\$100</u>	<u>.00</u> <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
	d Raiser	
	Page Subtotal 690.00)
	otal of All Schedules 1A	
	n last page of Schedule)	
Page 9 of 29	line 3a of Page.	fSummary

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	nittee I.D. Number 129219
	hittee Name FRIENDS OF KURT REPPART
Enter contributor's name and address. If contribution is from an individual, enter last na middle initial. Check box to indicate if contribution is from a Political Committee or an In Committee (PAC) Report <u>all</u> contributions regardless of amount.	ame, first name, 6. Amount 7. Cumulative for
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/2 Name & Address: MAX GIBBS 335 BRIDGE ST NW #1903 GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address	<u>\$100.00</u> <u>\$300.00</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>03/21</u> Name & Address JOE JONES 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>HEKIMA GROUP LI</u> Business Address <u>2528 ORCHARD VIEW DR NE, GRAND RAPIDS,</u> Type of Contribution: ✓ Direct Loan from a person ✓ Fund Ra	<u>₅ 150.00</u> <u>₅ 400.00</u> _ <u>C</u> MI 49505
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/2 Name & Address: WEST MICHIGAN CANNABIS GUILD 266 SUNCREST CT SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide:	
Occupation Employer Business Address Type of Contribution: Type of Contribution: Image: Contribution in the present in	aiser
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/22 Name & Address MARK SCHAUB 1235 MYRTLE ST NW GRAND RAPIDS, MI 49504	<u>\$300.00</u> <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation DEAN - BROOKS COLLEGE OF INTERDISCIPLINARY STUDIE Business Address 1 CAMPUS DR, ALLENDALE TWP, MI Type of Contribution: Direct	
	Page Subtotal 1,050.00 f All Schedules 1A page of Schedule) Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129219	
ED	IENDS OF K	URT REPPART
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.	0. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/22/2022 Name & Address: KYLE LIM 333 SUNSET AVE NW		100.00
GRAND RAPIDS, MI 49504	<u></u> 100.00	<u></u> 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 #2 PAC Receipt? YES 4. Date of Receipt 03/22/2022 Name & Address JEREMY MOORE		
1542 ROBINSON RD SE GRAND RAPIDS, MI 49506	<u>\$50.00</u>	<u>\$ 50.00</u>
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 03/23/2022 Name & Address: MARY DEYOUNG 1117 IROQUOIS DR SE	<u>100.00</u>	<u>\$ 100.00</u>
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 03/23/2022 Name & Address HELEN LEHMAN 3895 BELL LAKE DR NE ADA, MI 49301	<u>\$50.00</u>	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	300.00	-
Page_11_of_29_	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129219	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name		URT REPPART
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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/23/2022 Name & Address: KATHERINE ROOD 50 STRAIGHT AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	<u>\$ 100.00</u>	date of receipt)
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/24/2022 Name & Address SCOTT JONKHOFF 3939 HALL ST SW GRAND RAPIDS, MI 49534 5. If over \$100.00 cumulative, please provide: Employer	<u>\$ 100.00</u>	<u>\$ 100.00</u>
Business Address Type of Contribution: Image: Contribution in the contribut		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/24/2022 Name & Address: DOROTHY CLUNE 911 VIRGINIA ST SE GRAND RAPIDS, MI 49506 03/24/2022	<u></u> 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Image: Contribution in the second	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/2022 Name & Address TRACI MONTGOMERY 311 EUREKA AVE SE GRAND RAPIDS, MI 49506	_{\$} 75.00	_{\$} _75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		129219	
SCHEDULE 1A	1. Commutee I.D. Number		
CANDIDATE COMMITTEE	2. Committee Name	ENDS OF K	URT REPPART
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee 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 Name & Address: PAOLA MENDIVIL 1720 BRIDGE ST NW	04/02/2022		
GRAND RAPIDS, MI 49504		<u><u></u>150.00</u>	<u></u> 150.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS DEVELOPMENT OFFICER Employer GROW			
Business Address 25 SHELDON AVE SE, GRAND RAP			
	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	05/12/2022		
PAUL DEBOER			
114 VALLEY AVE SW		_{\$} 250.00	s 250.00
GRAND RAPIDS, MI 49504		Ψ	φ
5. If over \$100.00 cumulative, please provide:			
Occupation SENIOR MANAGER Employer DGKT			
Business Address 1039 FULTON ST W, GRAND RAPI	DS. MI 49504		
Type of Contribution:	Fund Raiser		
	05/13/2022		
Name & Address:	03/10/2022		
NKECHY EZEH 2244 OKEMOS DR SE		[°] 200.00	<u>،</u> 200.00
GRAND RAPIDS, MI 49506		<u>\$_00.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:			
Business Address 908 BRIDGE ST NW, GRAND RAPIDS, N Type of Contribution:			
	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address	t 05/14/2022		
DALE SPENCER			
175 W ROCKEY WEED RD		_{\$} 1,000.00	1,000.00
STEVENSVILLE, MI 49127		\$	<u>\$</u>
5. If over \$100.00 cumulative, please provide:			
Occupation_RETIRED Employer			
Business Address			
Type of Contribution:	Fund Raiser		
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	d Total of All Schedules 1A	1,000.00	
	e on last page of Schedule)	Enter this total on	
Page_13_of_29_		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name		URT REPPART
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/14/2022		
BRIAN CASTNER 3480 STONY POINT RD		
GRAND ISLAND, NY 14072	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:	Ψ	
Occupation SENIOR CRISIS ADVISOR Employer AMNESTY INTERNATIONAL		
Business Address 311 W 43RD ST, NEW YORK, NY 10036		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/02/2022		
Name & Address CHERI MCCLAIN-BEATTY		
242 PINE AVE NW	_{\$} 250.00	_s 250.00
GRAND RAPIDS, MI 49504	·	
5. If over \$100.00 cumulative, please provide:		
Occupation <u>RETIRED</u> Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2022		
DEREK DEVRIES	100.00	100.00
554 CARPENTER AVE NW GRAND RAPIDS, MI 49504	<u>\$100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/2022		
Name & Address		
455 MADISON AVE SE	s100.00	100.00
GRAND RAPIDS, MI 49503	<u>§ 100100</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
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Page_14_of_29_	Page.	

Tremized contributions Schedule 14	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
CANDIDATE COMMITTEE 2. Committee Name FRIENDS OF KURT REPPART Enter contribution's name and address. If contribution is from an individual, enter last name, first		129219	
Commiser (FAC) Commiser (FAC		IENDS OF K	URT REPPART
india initial. Check bots indicate if contribution is from a Polical Committee or an Independent Electron Cycle for Each Contributions regardless of amount. 3. Carribudion # 1 PAC Receipt? YES 4. Date of Receipt O6/09/2022 Mini TALEN 30 COLLEGE AVE SE #78 GRAND RAPIDS, MI 49503 \$50.00 \$100.00 5. If over \$100.00 cumulative, please provide:			
Name & Address:	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	0. Amount	Election Cycle for Each Contributor (Through
GRAND RAPIDS, MI 49503 \$ 50.00 100.00 s. If over \$100.00 cumulative, please provide:	Name & Address: JIM TALEN		
Occupation		_{\$} 50.00	_{\$} 100.00
Business Address Type of Contribution:	5. If over \$100.00 cumulative, please provide:		
Type of Contribution:	Occupation Employer		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/09/2022 Name & Address RICHARD BULKOWSKI 1213 WATSON ST SW \$100.00 \$100.00 GRAND RAPIDS, MI 49504 \$. If over \$100.00 cumulative, please provide: \$100.00 \$100.00 St if over \$100.00 cumulative, please provide: Ccupation Employer Employer \$100.00 \$100.00 Business Address	Business Address		
Name & Address	Type of Contribution: Image: Direct Loan from a person Fund Raiser	3	
1213 WATSON ST SW § 100.00 § 100.00 GRAND RAPIDS, MI 49504 § 100.00 § 100.00 5. If over \$100.00 cumulative, please provide:			
GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution # 3 PAC Receipt?YES 4. Date of Receipt 06/10/2022 RAND AL BUIST 3275 BAUER RD GEORGETOWN TWP, MI 49428 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: ✔ DirectLoan from a personFund Raiser 3. Contribution # 4 PAC Receipt?YES 4. Date of Receipt 06/14/2022 RANG AL Address Type of Contribution: ✔ DirectLoan from a personFund Raiser 3. Contribution # 4 PAC Receipt?YES 4. Date of Receipt 06/14/2022 RANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: OccupationEmployerRADA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: ✔ DirectLoan from a personFund Raiser Type of Contribution: 例 DirectLoan from a personFund Raiser Cocupation		100.00	100.00
5. If over \$100.00 cumulative, please provide: CocupationEmployer Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>06/10/2022</u> RANDAL BUIST 3275 BAUER RD GEORGETOWN TWP, MI 49428 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>06/14/2022</u> ANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Cocupation Ker \$255 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: Poirect Loan from a person Fund Raiser Cocupation Yes ALCASA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: Poirect Loan from a person Fund Raiser Cocupation Sume & Address		<u>\$100.00</u>	<u>\$ 100.00</u>
OccupationEmployer			
Business Address			
Type of Contribution: ☑ Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/10/2022 Name & Address: RANDAL BUIST 3275 BAUER RD \$100.00 \$100.00 GEORGETOWN TWP, MI 49428 \$ f f f \$100.00 S. if over \$100.00 cumulative, please provide:	Occupation Employer		
Contribution # 3 AC Receipt? YES 4. Date of Receipt 06/10/2022 Anne & Address: RANDAL BUIST 3275 BAUER RD GEORGETOWN TWP, MI 49428 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address AngELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LA CASA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: O Direct Loan from a person Fund Raiser Yape of Contribution: Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Business Address		
Name & Address:	Type of Contribution:		
RANDAL BUIST 3275 BAUER RD GEORGETOWN TWP, MI 49428 \$100.00 \$100.00 5. If over \$100.00 cumulative, please provide:			
GEORGETOWN TWP, MI 49428 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 06/14/2022 Name & Address ANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation Employer LA CASA DE LA COBIJA Business Address Employer LA CASA DE LA COBIJA Business Address Direct Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on		100.00	
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Occupation Employer	GEORGETOWN TWP, MI 49428		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2022 ANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LA CASA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Complete on last page of Schedule) Enter this total on Enter this total on	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2022 Name & Address ANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW WYOMING, MI 49519 \$250.00 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer LA CASA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Fund Raiser Page Subtotal 500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on	Occupation Employer		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/14/2022 Name & Address ANGELICA VELAZQUEZ 1619 BURLINGAME AVE SW \$250.00 WYOMING, MI 49519 \$250.00 5. If over \$100.00 cumulative, please provide: Occupation OWNER Occupation OWNER Employer LA CASA DE LA COBIJA Business Address 2355 DIVISION AVE S, GRAND RAPIDS, MI 49507 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on			
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Type of Contribution: Loan from a person Fund Raiser Page Subtotal 500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on			
Page Subtotal 500.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on			
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Page 15 of Summary Page.	15 29	Enter this total on line 3a of Summary	

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Page	10	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
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 06/15/2022 Name & Address: ALICIA HAVEN 1457 FREMONT AVE NW		
GRAND RAPIDS, MI 49504	<u></u> \$45.00	<u>\$45.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Image: Loan from a person Image: Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/06/2022		
Name & Address MARY WILLIAMS		
529 LAKESIDE DR SE	_{\$} 100.00	_{\$} 100.00
EAST GRAND RAPIDS, MI 49506	Ψ	φ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/07/2022		
JOHN GLOVER		
543 NORWOOD AVE SE	<u>\$500.00</u>	\$ 800.00 _s
GRAND RAPIDS, MI 49506		·
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer WELLHOUSE		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address		
ROCHELLE REPPART 421 W FERRY ST		
BERRIEN SPRINGS, MI 49103	<u>\$550.00</u>	<u>1,050.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIREDEmployer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
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Page 16 of 29	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	129219	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name	IENDS OF K	URT REPPART
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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/14/2022 Name & Address: SARA HOHNSTEIN 1443 ALEXANDER ST SE 07/14/2022 GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: 0 Occupation	\$ <u>100.00</u>	<u>\$ 100.00</u>
Type of Contribution: 🗹 Direct 🛛 Loan from a person 🗍 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/24/2022 Name & Address: PATRICE JONKER 927 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	<u>\$500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer PINE REST CHRISTIAN MENTAL HEALTH SERVICES		
Business Address 300 68TH ST SE, GRAND RAPIDS, MI 49548		
Type of Contribution:	<u>\$500.00</u>	<u></u> 1,000.00
Occupation_PRESIDENT & CO-OWNER Employer WOLVERINE BUILDING GROUP		
Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) PageOf29	1,125.00 Enter this total on line 3a of Summary Page.	_

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
		·····
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 07/25/2022	·	
ASHLEIGH DRAFT		
326 HOBART ST SE GRAND RAPIDS, MI 49507	60.00 _ه	. 60.00
5. If over \$100.00 cumulative, please provide:	<u>\$ • • • • • • • • • • • • • • • • • • •</u>	\$
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? ✔ YES 4. Date of Receipt 08/01/2022		
EQUITYPAC 325 GLENHAVEN AVE NW	_s 1,000.00	_{\$} 1,000.00
GRAND RAPIDS, MI 49504	<u>\$_1,000.00</u>	<u></u> \$1,000.00
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 08/02/2022		
Name & Address:		
3131 BRENTWOOD DR SE	<u>\$200.00</u>	_{\$} 200.00
GRAND RAPIDS, MI 49506		
5. If over \$100.00 cumulative, please provide:		
Occupation PARENT Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Fund Raiser Description: Image: Direct Direct Direct Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/04/2022 Name & Address		
JUSTIN MCCOY		
1354 TAMARACK AVE NW GRAND RAPIDS, MI 49504	_{\$} 25.00	<u>\$</u> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
Page Subtotal	1,285.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_'
Page_18_of_29_	Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
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 08/07/2022 Name & Address: PATRICIA GELDERLOOS 2670 GLENCAIRIN DR NW 08/07/2022 GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: 0ccupation Employer	<u>\$ 50.00</u>	§ 50.00
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/09/2022 Name & Address CHRISTINE MULLAN 2530 LEONARD ST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer	<u>\$50.00</u>	<u>\$ 50.00</u>
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🔲 Fund Raiser		
3. Contribution # 3 Name & Address: LINDA SNOW 2141 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	_{\$} 50.00	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/01/2022 Name & Address ELIZABETH BALCK 1413 DUNHAM ST SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page19of29	Enter this total on line 3a of Summary Page.	_

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
	129219
	nittee I.D. Number
Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/0	
BENJAMIN BRUINS	
1025 COURTNEY ST NW	20.00
GRAND RAPIDS, MI 49504	<u>\$ 20:00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/06	5/2022
CHARLES LOWE	
56 FULLER AVE SE	<u>\$50.00</u> <u>\$50.00</u>
GRAND RAPIDS, MI 49506	
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution:	Raiser
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/0	8/2022
WEST MICHIGAN PROGRESS PAC	
321 BENJAMIN AVE SE	<u>150.00</u> \$150.00
GRAND RAPIDS, MI 49506	
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address Type of Contribution:	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/1 Name & Address	7/2022
ELIZABETH SHARDA	
214 VALLEY AVE SW GRAND RAPIDS, MI 49504	s500.00 s 500.00 s
5. If over \$100.00 cumulative, please provide:	
Occupation PROFESSOR Employer HOPE COLLEG	F
Business Address PO BOX 9000, HOLLAND, MI 49422	
Type of Contribution: Direct Loan from a person Fund Ra	
	Page Subtotal 720.00
	of All Schedules 1A t page of Schedule)
Page_20 of 29	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		129219	
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Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee of 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 0 Name & Address: RUTH KELLY	9/20/2022		
940 MONROE AVE NW GRAND RAPIDS, MI 49503		_{\$} 25.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		Ψ	¥
Occupation Employer			
Business Address			
Type of Contribution: V Direct Loan from a person Fu	nd Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05)/22/2022		
PAUL KNUST			
3890 HALL ST SW GRAND RAPIDS, MI 49534		<u>\$500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation PARTNER Employer STUDIOCRAFT			
Business Address 5265 KELLOGG WOODS DR SE, GRAND RAP	IDS, MI 49548		
Type of Contribution: 🖌 Direct Loan from a person 📃 Fu	und Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>0</u> Name & Address:	9/27/2022		
ANNA BAETEN			
1621 WEALTHY ST SE		<u>\$50.00</u>	<u>\$</u> 50.00
EAST GRAND RAPIDS, MI 49506			
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Type of Contribution: V Direct Loan from a person F			
	und Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0 Name & Address SARAH JUIST	9/27/2022		
1041 PARK ST SW		so.00 ه	. 50.00
GRAND RAPIDS, MI 49504		<u>\$00.00</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: 🖌 Direct Loan from a person 🗌 Fu	nd Raiser		
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	otal of All Schedules 1A n last page of Schedule)	F 1 1 1 1 1 1	
Page_21 of 29		Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name	RENDS OF K	URT REPPART
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 09/27/2022 Name & Address: ASHLEIGH DRAFT 326 HOBART ST SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide: Occupation Employer	<u>\$40.00</u>	<u>\$ 100.00</u>
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/28/2022 Name & Address JOSEPH KUILEMA 629 COLLEGE AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser	<u>₅25.00</u>	<u>\$</u> 25.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/28/2022 Name & Address: RUSSELL OLMSTED 325 GLENHAVEN AVE NW GRAND RAPIDS, MI 49504	<u>\$50.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Image: Contribution: Image: Contribution: Image: Contribution Contribution: Image: Contribution Contributication Contributication Contributication Contrindo Contributicatio		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/28/2022 Name & Address MICHAEL SCHOLTEN 2211 JEFFERSON DR SE GRAND RAPIDS, MI 49507	<u>\$30.00</u>	<u>\$</u> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	145.00	'
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	J

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		
CANDIDATE COMMITTEE 2. Committee Name	IENDS OF K	URT REPPART
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 09/30/2022 Name & Address: CRISTENDRA SINGH-SUWAL 554 LANE AVE NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>10/01/2022</u> Name & Address FREDERICK BIVINS 808 CARPENTER AVE NW GRAND RAPIDS, MI 49504	<u>\$</u> 25.00	<u>\$</u> 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/01/2022 Name & Address: LISA FOX 1150 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	<u>\$100.00</u>	<u>100.00</u>
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 10/03/2022 Name & Address DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546	_{\$} 50.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	225.00	
Grand Total of All Schedules 1A		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Numbe	, <u>129219</u>	
	RIENDS OF K	URT REPPART
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 10/03/2022 Name & Address: JOE JONES 2528 ORCHARD VIEW DR NE 6 6 2528 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide: 6 Occupation PRESIDENT & CEO Employer HEKIMA GROUP LLC Business Address 2528 ORCHARD VIEW DR NE, GRAND RAPIDS, MI 49505 Type of Contribution: Image: Direct Loan from a person Fund Raiser	<u>\$250.00</u>	<u>₅ 650.00</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/2022 Name & Address RYAN VERWYS 307 AURORA ST SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide:	<u>\$50.00</u>	§ 50.00
Occupation PRESIDENT & CEO Employer_ICCF COMMUNITY HOMES Business Address 415 M.L.K. JR ST SE, GRAND RAPIDS, MI 49507 Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/04/2022 Name & Address: KATHRYN KOOYMAN 1411 LOGAN ST SE GRAND RAPIDS, MI 49506	<u>\$50.00</u>	<u>\$ 100.00</u>
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 10/04/2022 Name & Address PHILIP SCIPIO 2600 JOHN F. KENNEDY BLVD JERSEY CITY, NJ 07306	₅500.00	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation_REPORTEREmployer_LONDON STOCK EXCHANGE GROU	P	
Business Address 28 LIBERTY STREET, 58TH FLOOR, NEW YORK, NY 10005		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtot		1
Grand Total of All Schedules 1. (Complete on last page of Schedul 24 29	A	_

Page	24	of	29

line 3a of Summ Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	129219	
SCHEDULE 1A 1. Committee I.D. Number		URT REPPART
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 10/05/2022 Name & Address: TAMARA VANDENBERG 1450 MILTON ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	<u></u> 1,000.00	<u></u> \$1,000.00
Name & Address ADAM LORENZ 2415 RAYMOND AVE SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide:	<u>\$</u> 75.00	<u>\$ 75.00</u>
Occupation Employer		
Business Address		
Type of Contribution: Image: Direct Loan from a person Image: Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/05/2022 Name & Address: Image: Pack Receipt Provide: YES 4. Date of Receipt 10/05/2022 LESLIE WYMAN 266 SUNCREST CT SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide:	<u>\$ 100.00</u>	<u>_100.00</u>
Occupation Employer		
Business Address Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/05/2022 Name & Address KATHLEEN BRUINSMA 1748 ALEXANDER ST SE GRAND RAPIDS, MI 49506	_{\$} 75.00	_{\$} _75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser	4 050 00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	1,250.00 Enter this total on line 3a of Summary Page.	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
	Committee I.D. Number
	Committee Name FRIENDS OF KURT REPPART
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee of Committee (PAC) Report <u>all</u> contributions regardless of amount.	ast name, first name, 6. Amount 7. Cumulative for
3. Contribution # 1 PAC Receipt? ✓ YES 4. Date of Receipt 1 Name & Address: WEST MICHIGAN CANNABIS GUILD 266 SUNCREST CT SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Function	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1(Name & Address MARTA JOHNSON 1343 LOGAN ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$50.00 \$50.00
	und Raiser
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1 Name & Address: MEGAN KORNOELJE 1400 COLORADO AVE SE GRAND RAPIDS, MI 49507	
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Business Address 1555 ARBORETUM DR SE, GRAND RAPID Type of Contribution: Image: Contribution of Contribution	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1 Name & Address SALVADOR LOPEZ 2733 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	0/08/2022 \$25.00 \$25.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: 🖌 Direct Loan from a person 🖌 Fu	nd Raiser
	Page Subtotal 1,125.00 Dtal of All Schedules 1A In last page of Schedule) Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
	1. Committee I.D. Number	129219	
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CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.	ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: THOMAS MCWHERTOR 2360 GLEN ECHO DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	10/12/2022	<u>₅ 50.00</u>	\$ 100.00
 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address EQUITYPAC 325 GLENHAVEN AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: 	10/12/2022	<u>\$500.00</u>	_{\$} 1,500.00
England			
Business Address Type of Contribution: Image: Contribution image: Contributitation image: Contribution image: Contributitatio image: Con	Fund Raiser		
	10/14/2022	<u></u> 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution: Image: Direct in the person i	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address JILL PETTY 1415 E 52ND ST CHICAGO, IL 60615	t 10/14/2022	_{\$} 150.00	_{\$_} 300.00
5. If over \$100.00 cumulative, please provide: OccupationFREELANCE EDITOR/WRITER Employer Business Address1415 E 52ND ST, CHICAGO, IL 60 Type of Contribution:			
	Page Subtotal	800.00	
	d Total of All Schedules 1A te on last page of Schedule)	Enter this total on	
27 29		line 3a of Summary	

Page 27 of 29

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
	1. Committee I.D. Number	129219	
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Enter contributor's name and address. If contribution is from an individual, enter		6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.			Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	10/15/2022		
MARK VELDT			
1155 DAYTON ST SW GRAND RAPIDS, MI 49504		_{\$} 75.00	_، 125.00
5. If over \$100.00 cumulative, please provide:		<u><u></u></u>	\$
Occupation RETIRED Employer			
Business Address			
	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	10/20/2022		
Name & Address BING GOEI			
1919 BOSTON ST SE		s 200.00	s 200.00
GRAND RAPIDS, MI 49506		Ψ	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:			
Occupation CEO Employer EASTERN FLC			
Business Address 2836 BROADMOOR AVE SE, GRAND RAF	PIDS, MI 49512		
Type of Contribution: 🔽 Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	10/20/2022		
RYAN VERWYS			
307 AURORA ST SE		_{\$} 75.00	_{\$} 125.00
GRAND RAPIDS, MI 49507			
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Type of Contribution: V Direct Loan from a person			
	Fund Raiser		
Name & Address	10/20/2022		
PAUL DEBOER			
114 VALLEY AVE SW GRAND RAPIDS, MI 49504		<u>150.00</u>	<u>\$</u> 400.00
5. If over \$100.00 cumulative, please provide:			
Occupation SENIOR MANAGER Employer DGKT			
Business Address 1039 FULTON ST W, GRAND RAPII	DS. MI 49504		
	Fund Raiser		
		500.00	
Grand	I Total of All Schedules 1A		
	e on last page of Schedule)	Enter this total on	l
Page 28 of 29		line 3a of Summary Page.	

Page	28	of	29
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	129219	
CANDIDATE COMMITTEE	2. Committee Name	IENDS OF K	URT REPPART
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm 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 Received R		<u></u> 100.00	\$ 300.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receives Name & Address ISAAC DEGRAAF 1816 LYNNE LN NW GRAND RAPIDS, MI 49504	pt <u>10/21/2022</u>	<u>\$250.00</u>	<u>\$</u> 250.00
5. If over \$100.00 cumulative, please provide: Occupation POLICY ADVOCACY LIASON Employer LINCUP Business Address 1167 MADISON AVE SE, GRAND RA Type of Contribution: ✓ Direct Loan from a person	APIDS, MI 49507		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt? Name & Address:	4		
		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt? YES 4. Date of Receipt?	eipt		
		\$	\$
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	350.00	
	rand Total of All Schedules 1A olete on last page of Schedule)	19,025.00	-
29 29		Enter this total on line 3a of Summary	

Page 29 of 29

Page.

ITEMIZED EXPENDITURES	Committee D. Number 129219		
	Committee I. D. Number FRIENDS OF KU	RT REPI	PART
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RITE AID Address	Purpose: POSTAGE	01/18/2022 Date	\$ <u>29.00</u>
2036 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name LITTLE SPACE STUDIO		03/21/2022	\$ 700.00
Address 111 DIVISION AVE S GRAND RAPIDS, MI 49503	Purpose: VENUE RENTAL	Date	¢ <u>700.00</u>
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name ARIAS SUPERMARKET		03/21/2022	s 169.07
Address 4346 DIVISION AVE S KENTWOOD, MI 49548	Purpose: PUPUSAS	Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name MALAMIAH JUICE BAR		03/21/2022	\$ 150.00
^{Address} 122 OAKES ST SW GRAND RAPIDS, MI 49503	Purpose: JUICE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name SACRED SPRINGS		03/21/2022	
^{Address} 1059 WEALTHY ST SE GRAND RAPIDS, MI 49506	Purpose: KOMBUCHA	Date	\$ <u>96.00</u>
✔ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	1,144.07
	Grand Total of all (Complete on last page		
	、 · · · · ·	, L	Enter this total

Page 1 of 5

	129219		
	ommittee I. D. Number	RT REP	PART
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GALLAFE	Purpose: STEAM BUNS!	03/21/2022 Date	\$ <u>503.5</u> 0
425 NORWOOD AVE SE GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name GARY KENYANA		03/21/2022	s 120.00
Address 839 SIBLEY ST NW GRAND RAPIDS, MI 49504	Purpose: CHILDCARE	Date	<u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name MEGAN NOORMAN		03/24/2022	\$ 1,000.00
Address 1841 CROSS BEND ST NE GRAND RAPIDS, MI 49505	Purpose: DESIGN SERVICES	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name UPS		04/15/2022	\$ 23.20
Address 225 MICHIGAN ST NW GRAND RAPIDS, MI 49504	Purpose: POSTAGE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST	Purpose: VAN ACCESS	06/08/2022 Date	\$ <u>150.00</u>
LANSING, MI 48933	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	1,796.70
	Grand Total of all (Complete on last page		
		-	

Page 2 of 5

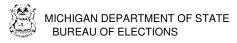
ITEMIZED EXPENDITURES SCHEDULE 1B	ommittee I. D. Number 129219		
	ommittee Name FRIENDS OF KU	RT REP	PART
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name HARMONY HALL	TEAM MEETING REFRESHMENTS	06/13/2022 Date	\$ <u>49.54</u>
Address 401 STOCKING AVE NW	Purpose:	Dato	
GRAND RAPIDS, MI 49504			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name THE ORIGINAL PRINT SHOPPE		06/21/2022	\$ 254.40
Address	Purpose: WALK LIT	Date	· <u> </u>
511 BROWN RD			
ORION TWP, MI 48359			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name MEGAN NOORMAN		06/22/2022	\$ 1,300.00
Address	Purpose: DESIGN SERVICES	Date	
1841 CROSS BEND ST NE GRAND RAPIDS, MI 49505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name MEGAN NOORMAN		09/09/2022	
		Date	\$ 1,400.00
Address 1841 CROSS BEND ST NE	Purpose: DESIGN SERVICES		
GRAND RAPIDS, MI 49505			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name HOLLAND LITHO		09/12/2022	
Address	Purpose: STATIONARY	Date	\$ <u>345.86</u>
10972 CHICAGO DR	- upose		
ZEELAND, MI 49464	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	3,349.80
	Grand Total of all	Schedules 1B	2,010100
	(Complete on last page		

Page 3 of 5

ITEMIZED EXPENDITURES SCHEDULE 1B	ommittee I. D. Number		
	ommittee Name FRIENDS OF KU	RT REP	PART
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name THE ORIGINAL PRINT SHOPPE		09/13/2022	\$ <u>3,141.7</u> 4
Address 511 BROWN RD ORION TWP, MI 48359	Purpose: MAILER 1	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name THE MORTALS		09/16/2022	s 112.96
Address 111 DIVISION AVE S GRAND RAPIDS, MI 49503	Purpose:	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name THE ORIGINAL PRINT SHOPPE		10/03/2022	\$ 466.40
Address 511 BROWN RD ORION TWP, MI 48359	Purpose: WALK LIT	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name GOOGLE Address 1600 AMPHITHEATRE PKWY	Purpose: GOOGLE SUITE	10/03/2022 Date	\$ <u>60.04</u>
MOUNTAIN VIEW, CA 94043	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name THE ORIGINAL PRINT SHOPPE	Purpose: MAILER 2	10/04/2022 Date	\$ <u>3,251.76</u>
511 BROWN RD ORION TWP, MI 48359	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	i	
	Subto	otal this page	7,032.90
	Grand Total of all (Complete on last page		

	ommittee I. D. Number 129219		
	ommittee Name FRIENDS OF KUI	RT REP	PART
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name THE ORIGINAL PRINT SHOPPE		10/17/2022	\$ 4,283.09
Address 511 BROWN RD ORION TWP, MI 48359	Purpose: MAILER 3	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name ICON SIGN COMPANY		10/17/2022	s 794.68
Address 522 STOCKING AVE NW GRAND RAPIDS, MI 49504	Purpose: YARD SIGNS	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FACEBOOK Address 1 HACKER WAY	Purpose: DIGITAL ADS	10/17/2022 Date	\$ <u>461.83</u>
MENLO PARK, CA 94025	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Address	Purpose:	Date	\$
	Click H	lere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
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	lere for Memo	Itemization Type
	Subto	tal this page	5,539.60
	Grand Total of all S (Complete on last page		18,863.07
			Enter this total on line 8a of

on line 8a of Summary Page



DEBTS AND OBLIGATIONS 1. CA	ommittee I.D. Number	219		
SCHEDULE 1E CANDIDATE COMMITTEE 2. C	2. Committee Name FRIENDS OF KURT REPPART			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Chec	nittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or Irpose checked.)	forgiven <u>by</u> the cor	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. 	 Type of Obligation (Description) Indicate date debt was incurred Indicate original amount of debt 	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: KURT REPPART	4. Type: 0% LOAN	\$		
1232 PARK ST SW	5. Date Debt Was Incurred:	\$		
GRAND RAPIDS, MI 49504	08/09/2017	\$		¢ 2,500.00
	6. Original Amount of Debt	\$	\$ <u>0.00</u>	\$
	_{\$} 2,500.00			FORGIVEN
If bank loan, name of endorser or guarantor:		 Amc	ount Endorsed: \$	
Debt #2 Corp? Yes				
Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	¢	\$
	\$	\$	Ψ	
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If hank loop, name of andersor or succenter.		¥	nount Endorood. ¢	
If bank loan, name of endorser or guarantor:		AI	nount Endorsed: \$	
		Page Subtotal	(Outstanding debt)	2,500.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				2,500.00 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.				

Page 1 of 1



FUND RAISER SC CANDIDATE CO		mittee I.D. Number 129219) F KURT REPPART
		EET FOR EACH EVENT -	
3. Date Event Was Held 03/21/2022	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. LITTLE SPACE STUDIO 111 DIVISION AVE S GRAND RAPIDS, MI 49503 Private Residence
7. Total Contributions	3,915.00		
8. Other Receipts	0.00		
9. Gross Receipts (Add lines 7 a	(3,915.00)		
10. Total Cost of Event (Total Cost includes In-Kind Cor	1,738.57 htributions and All Expenditures	Made For the Event	
11. Check if event was a joi	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 2



FUND RAISER SO CANDIDATE CO		mittee I.D. Number 129219 mittee Name FRIENDS OI) F KURT REPPART
	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held 10/05/2022	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. PYRAMID SCHEME 68 COMMERCE AVE SW GRAND RAPIDS, MI 49503 Private Residence
7. Total Contributions	3,375.00		
8. Other Receipts	0.00		
9. Gross Receipts (Add lines 7	and 8) 3,375.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	0.00 ontributions and All Expenditures	Made For the Event	
11. Check if event was a jo	pint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
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- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2