

CANDIDATE COMMITTEE COVER PAGE

FILED 26 OCT 2023 PM 10:45

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

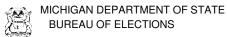
3. This Statement covers From: 05/03/2023 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/22/2023 1. Committee I.D. Number 4. Candidate Last Name M.I. DAVID MOORE II Н 2023016 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 2, KENTWOOD COMMITTEE TO ELECT DAVID MOORE II 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 3170 LINDENWOOD DR SE DWELL MOORE KENTWOOD, MI 49512 3170 LINDENWOOD DR SE KENTWOOD, MI 49512 Area Code and Phone (616) 617-3977
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 264-9751 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 3170 LINDENWOOD DR SE KENTWOOD, MI 49512 Area Code and Phone (616) 264-9751 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, Primary owes no lates fees or has any oustanding debt. October Quarterly X General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 11/07/2023 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. Submitted electronically. Current Treasurer or signature on file 10/26/2023 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/26/2023 signature on file Candidate Date Type or Print Name Signature

1. Committee I.D. Number 2023016

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| CANDIDATE COMMITTEE | | |
|---|-----------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | ,,,,, |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 10,026.88 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 10,026.88 | (18.) \$ 10,026.88 |
| 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.) \$ _10,026.88 | (20.) \$ 10,026.88 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ 171.04 | (21.) \$ 171.04 |
| 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.) \$ 5,106.95 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ 0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ 0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ 5,106.95 | (23.) \$ 5,106.95 |
| 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 | (10b.) \$ | |
| (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.) \$ 0.00 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ 0.00 | |
| | BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ 0.00 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ 10,026.88 | |
| (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>10,026.88</u> | |
| 16. Amount expended during reporting period | | |
| (Add lines 9 and 11) 17. ENDING BALANCE | (16.) - \$ 5,106.95 | |
| (Subtract line 16 from line 15) | (17.) \$ 4,919.93 | |
| | | |

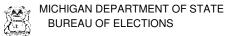


CANDIDATE COMMITTEE

1. Committee I.D. Number 2023016

2. Committee Name

| 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 05/24/2023 Name & Address: STEPHEN KEPLEY 1782 WHIRLAWAY CT KENTWOOD, MI 49546 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation MAYOR OF KENTWOOD Employer CITY OF KENTWOOD | | |
| Business Address 4900 BRETON RD SE, KENTWOOD, MI 49508 Type of Contribution: Loan from a person Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/19/2023 Name & Address KARLEEN ROOT 2392 VICKSBURG CT SE | _{\$} 100.00 | _{\$} 100.00 |
| KENTWOOD, MI 49508 5. If over \$100.00 cumulative, please provide: | \$ <u>100.00</u> | \$ 100.00 |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/23/2023 Name & Address: MICHELLE DEBLAAY 340 6 MILE RD NW COMSTOCK PARK, MI 49321 | _{\$} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/2023 Name & Address RANDY HEKMAN 4354 AUGUSTA HILLS AVE SE KENTWOOD, MI 49512 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address Type of Contribution: Loan from a person Fund Raiser | | |
| | 700.00 | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page | Enter this total on line 3a of Summary Page. | |



1. Committee I.D. Number __2023016

CANDIDATE COMMITTEE

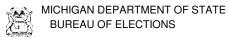
2. Committee Name

COMMITTEE TO ELECT DAVID MOORE II

| 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 06/23/2023 Name & Address: CAROLYN COMMENGA 2500 BRETON RD SE APT 1002 GRAND RAPIDS, MI 49546 | _{\$} 5.00 | _{\$} 5.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/23/2023 Name & Address MARY ZICHTERMAN 8461 ELKWOOD DR SW BYRON CENTER, MI 49315 | _{\$} 5.00 | _{\$} 5.00 |
| 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 06/23/2023 Name & Address: DIANE SOLOMAN 3965 S BIG SPRING DR SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: | _{\$} 5.00 | _{\$} 5.00 |
| | | |
| Occupation Employer Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/2023 Name & Address DANA BILYEA 904 ANDOVER CT SE KENTWOOD, MI 49508 | _{\$} 5.00 | _{\$} 5.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer Business Address | | |
| Type of Contribution: | | |
| Page Subtotal | 20.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |

Page 2 of 12

Page.



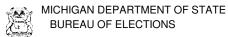
1. Committee I.D. Number

2023016

CANDIDATE COMMITTEE

2. Committee Name

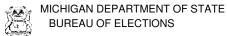
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/25/2023 Name & Address: LOGAN & CHRISTINA CALLANAN-ATTEBERY 8787 W BUCKHORN TRAIL PEORIA, AZ 85383 5. If over \$100.00 cumulative, please provide: Occupation TECHNICAL STAFFING Employer K FORCE | _{\$} 2,100.00 | _{\$} 2,100.00 |
| Business Address 1150 ASSEMBLY DR STE 500, TAMPA, FL 33607 Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2023 Name & Address CLYDE HARDIMAN 1814 ANDREW ST SE KENTWOOD, MI 49508 5. If over \$100.00 cumulative, please provide: | _{\$} 200.00 | _{\$} 200.00 |
| OccupationEmployerEmployerEmployer | | |
| Business Address 333 S GRAND AVE, LANSING, MI 48933 Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/26/2023 Name & Address: DREW WILLIAMS 1767 SAWYER WAY COLORADO SPRINGS, CO 80915 | _ _{\$_} 100.00 | _{\$} 100.00 |
| 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 06/27/2023 Name & Address CALVIN LOHMAN 3130 LINDENWOOD DR SE KENTWOOD, MI 49512 | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address Type of Contribution: | | |
| Page Subtotal Grand Total of All Schedules 1/ (Complete on last page of Schedule Page 3 of 12 | Α | |



| SCHEDULE 1A | 1. Committee I.D. Number | 2023016 | |
|---|--------------------------|----------------------|--|
| CANDIDATE COMMITTEE | 2. Committee Name COM | MMITTEE TO ELE | CT DAVID MOORE II |
| 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 (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 Name & Address: ALEX BYLANDER 2014 DEVON ST COLORADO SPRINGS, CO 80909 5. If over \$100.00 cumulative, please provide: Occupation SENIOR CERTIFICATION ENGINEER Employer COLLINS ADDRESS Address 1275 NEWPORT RD, COLORADO SPRINGS Type of Contribution: Direct Loan from a person | | \$ 300.00 | _{\$} 300.00 |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address JANALEA EKLUND 2747 RIGEL DR COLORADO SPRINGS, CO 80906 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person | 06/29/2023 Fund Raiser | \$ 500.00 | _{\$} 500.00 |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: WILLIAM CATHCART 817 GLENBIDGE DB | t 06/30/2023 | _{\$} 100.00 | . 100 00 |

| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/29/2023 Name & Address JANALEA EKLUND 2747 RIGEL DR COLORADO SPRINGS, CO 80906 | _{\$} 500.00 | _{\$} 500.00 |
|--|------------------------|-------------------------|
| 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/30/2023 Name & Address: WILLIAM CATHCART 817 GLENRIDGE DR EDMOND, OK 73013 | \$ <u>100.00</u> | _{\$} 100.00 |
| 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 07/02/2023 Name & Address ANDREW WOMMACK E U.S. HWY 24 PMB 272 WOODLAND PARK, CO 80863 | _{\$} 1,000.00 | _{\$_} 1,000.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation MINISTER Employer ANDREW WOMMACK MINISTRIES, INC | | |
| Business Address 1 INNOVATION WY, WOODLAND PARK, CO 80863 Type of Contribution: Loan from a person Fund Raiser | | |
| Page Subtotal | 1,900.00 | |

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



1. Committee I.D. Number

2023016

CANDIDATE COMMITTEE

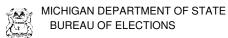
2. Committee Name

COMMITTEE TO ELECT DAVID MOORE II

| 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 07/02/2023 Name & Address: MELISSA ROARTY 2075 SATHER DR COLORADO SPRINGS, CO 80915 | _{\$} 25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/2023 Name & Address | | |
| NICOLA & DREW HILL | 00.00 | 00.00 |
| 82 RYOLITE RD | _{\$} 20.00 | _{\$} 20.00 |
| FLORISSANT, CO 80816 | | |
| 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 07/06/2023 Name & Address: LUWANA MOORE 204 KINGS HEATH LN SIMPSONVILLE, SC 29680 | _{\$} 200.00 | _{\$} 200.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/2023 Name & Address DAVID & ERIKA STERKEN 1218 ELMWOOD DR GEORGETOWN TWP, MI 49428 | _{\$} 100.00 | _{\$} 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 | 345.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | _l |
| <u>5</u> . 12 | line 3a of Summary | |

Page of I

Page.



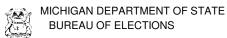
1. Committee I.D. Number ____

2023016

CANDIDATE COMMITTEE

2. Committee Name

| 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 Name & Address: ANDREW KING 8485 PEBBLE CREEK WAY UNIT 203 LITTLETON, CO 80126 | 07/09/2023 | _{\$} 103.48 | _{\$} 103.48 |
| 5. If over \$100.00 cumulative, please provide: Occupation FREELAND AUDIO ENGINEER Employer SELF-EMPLO Business Address 8485 PEBBLE CREEK WAY UNIT 203, LITTLE | | | |
| | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address STAN PRIEST 700 SUN VALLEY DR WOODLAND PARK, CO 80863 | 07/10/2023 | \$ 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer | | | |
| Business Address | | | |
| Type of Contribution: | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: MAURICE GROCE 2254 OLD DOMINION CT SE KENTWOOD, MI 49508 | 07/13/2023 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer Business Address Type of Contribution: | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address RICHARD CATHCART 1512 NW 182ND ST EDMOND, OK 73012 | 07/17/2023 | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer | | | |
| Business Address Type of Contribution: | Fund Raiser | | |
| | Page Subtotal | 353.48 | |
| | d Total of All Schedules 1A e on last page of Schedule) | Enter this total on line 3a of Summary Page. | |



2023016 1. Committee I.D. Number

CANDIDATE COMMITTEE

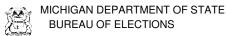
2. Committee Name

COMMITTEE TO ELECT DAVID MOORE II

| 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 07/17/2023 Name & Address: SIMPLICIO LIZARES 28920 OAK CREEK LN APT 1904 AGOURA HILLS, CA 91301 5. If over \$100.00 cumulative, please provide: Occupation SOFTWARE DEVELOPMENT Employer STEADYMD Business Address 30 MARYLAND PLAZA 3RD FLOOR, ST. LOUIS, MO 63108 | _{\$} 515.38 | _{\$} 515.38 |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/2023 Name & Address SHARI BROUWER 5850 LINDENWOOD CT SE KENTWOOD, MI 49512 | _{\$} 35.00 | _{\$} 35.00 |
| 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 07/23/2023 Name & Address: ANN MAJOR 3563 PLAZA DEL AMO #205 TORRANCE, CA 90505 | <u>\$200.00</u> | _{\$} 200.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation RETIRED Employer | | |
| Business Address Type of Contribution: | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/24/2023 Name & Address CRAIG LANCASTER 2632 MAPLE CREEK LN SW BYRON CENTER, MI 49315 | _{\$} 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 | 800.38 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) 7 19 | Enter this total on line 3a of Summary | |

Page / of IZ

Page.

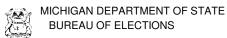


CANDIDATE COMMITTEE

1. Committee I.D. Number 2023016

2. Committee Name

| 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. | | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/02/2023 Name & Address: DAVID MOORE 204 KINGS HEATH LN SIMPSONVILLE, SC 29680 5. If over \$100.00 cumulative, please provide: | §30.00 | _{\$} 30.00 |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/02/2023 | | |
| GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503 | _{\$} 1,000.0 | 0 \$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 08/11/2023 Name & Address: PAUL & KRISTEN LANCASTER 4079 CARLIE CT HUDSONVILLE, MI 49426 | _{\$} 100.00 | <u>0</u> <u>\$ 100.00</u> |
| 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 08/13/2023 Name & Address PAULETTE HICE 6715 LEISURE WAY DR SE CALEDONIA, MI 49316 | | 0 _{\$} 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 Si Grand Total of All Schedul (Complete on last page of Sch | les 1A | |
| Page 8 of 12 | Page. | , |



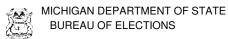
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2023016

2. Committee Name

| 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) |
|---|--|--|--|
| Name & Address: HUGH GROOT 5820 LINDENWOOD CT SE KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: | opt 09/10/2023 | _{\$} 250.00 | _{\$} 250.00 |
| Occupation SR PRACTICE DIRECTOR Employer BLUE YON | IDER | | |
| Business Address 15059 N SCOTTSDALE RD STE 400, SCOT | TSDALE, AZ 85260 | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | pt 09/15/2023 | | |
| JAMES SWOBODA 1070 HAVEN DR BYRON CENTER, MI 49315 | | _{\$} 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation SALES Employer JUNKLESS | | | |
| Business Address PO BOX 2011, PORTAGE, MI 4908 | 31 | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Address: GREG HICE 6715 LEISURE CREEK DR SE CALEDONIA, MI 49316 | ipt <u>09/16/2023</u> | \$ 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer_ | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES 4. Date | eipt <u>09/20/2023</u> | _{\$} 51.99 | _{\$} 51.99 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Employer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | 651.99 | |
| (Comp | rand Total of All Schedules 1A plete on last page of Schedule) | Enter this total on line 3a of Summary | |
| Pageof | | Page. | |

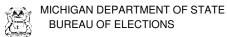


CANDIDATE COMMITTEE

1. Committee I.D. Number 2023016

2. Committee Name

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/21/2023 Name & Address: DANIELLE BULT 6855 THORNVIEW DR SE GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation Employer | _{\$} 21.10 | _{\$} 21.10 |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/22/2023 Name & Address PAT & KATHY MALONE 1521 LAURETTE DR COLORADO SPRINGS, CO 80909 | \$ 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/23/2023 Name & Address: DAMON PETERSON 6375 PEMBERTON WAY COLORADO SPRINGS, CO 80919 | _{\$} 500.00 | _{\$} 500.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation ADMINISTRATIVE CONSULTANT Employer SELF-EMPLOYEED | | |
| Business Address 6375 PEMBERTON WAY, COLORADO SPRINGS, CO 80919 Type of Contribution: Direct Loan from a person Fund Raiser | | |
| | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/26/2023 JAMES HAVEMAN 2656 NORWAY MAPLE CT KENTWOOD, MI 49512 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address Type of Contribution: | | |
| Page Subtotal | 721.10 | _ |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 12 | Enter this total on line 3a of Summary | J |



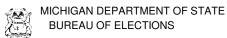
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

2023016

2. Committee Name

1. Committee I.D. Number _

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
|--|---------------------------------------|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/27/2023 Name & Address: SCOTT RUTH 26949 CO RD 364 MATTAWAN, MI 49071 | _{\$} 100.00 | _{\$} 100.00 | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation Employer | | | | |
| Business Address | | | | |
| Type of Contribution: Loan from a person Fund Raiser | | | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/28/2023 Name & Address | | | | |
| DAN HIBMA | | | | |
| BYRON STATION CT SW | § 257.94 | _{\$} 257.94 | | |
| BYRON CENTER, MI 49315 | Ψ | Ψ | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation OWNER Employer LAND & COMPANY | | | | |
| Business Address 1707 PORTER ST SW STE 6, WYOMING, MI 49519 | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/05/2023 | | | | |
| Name & Address: MORGAN CLARKSTON | | | | |
| 1870 TRADEWINDS DR SE | _{\$} 150.00 | _s 150.00 | | |
| KENTWOOD, MI 49508 | · · · · · · · · · · · · · · · · · · · | φ | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation Senior Manager of Business Development Employer CROWE LLP | | | | |
| Business Address 55 CAMPAU AVE NW STE 500, GRAND RAPIDS, MI 49503 | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/09/2023 Name & Address | | | | |
| RANDY HEKMAN | | | | |
| 4354 AUGUSTA HILLS AVE SE | ¢100.00 | 200.00 | | |
| KENTWOOD, MI 49512 | § 100.00 | \$ <u>200.00</u> | | |
| 5. If over \$100.00 cumulative, please provide: | | | | |
| Occupation MINISTER Employer GRAND AWAKENING | | | | |
| Business Address 4354 AUGUSTA HILLS AVE SE, KENTWOOD, MI 49512 | | | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | | | |
| Page Subtotal | 607.94 | | | |
| Grand Total of All Schedules 1A | | - | | |
| (Complete on last page of Schedule) | Enter this total on | _l | | |
| Page 11 of 12 | line 3a of Summary Page. | | | |



1. Committee I.D. Number

2023016

CANDIDATE COMMITTEE

2. Committee Name

COMMITTEE TO ELECT DAVID MOORE II

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/17/2023 Name & Address: ROBERT SPALDING 3603 MILL POINT DR SE KENTWOOD, MI 49512 | _{\$} 51.99 | _{\$} 51.99 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/20/2023 Name & Address BETSY ARTZ 3776 OLD ELM DR SE KENTWOOD, MI 49512 | _{\$} 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 | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: | | |
| 5. If over \$100.00 cumulative, please provide: | \$Click Here for | \$ Memo Itemization |
| | | |
| Occupation Employer Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address | | |
| | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 126.99 10,026.88 Enter this total on | |

Page 12 of 12

line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>202</u>3016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| CANDIDATE COMM | IIIIEE 2. Committee Name | | | | |
|--|---|------|----------------------------------|----------|--|
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | е | 7. Amount Fair Marke Value | | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: DAVID DEBRUYN 5272 STONEBRIAR CT KENTWOOD, MI 49512 If over \$100.00 cumulative, please provide: Occupation: REAL ESTATE AGENT Employer Name & Business Address: GREENRIDGE REALTY INC 1401 60TH ST SE, KENTWOOD, MI 49508 Fund Raiser Contribution | 4. | | 75.00 | | 75.00 |
| Contribution # 2 PAC Receipt? Yes Name & Address DAVID MOORE II 3170 LINDENWOOD DR SE KENTWOOD, MI 49512 If over \$100.00 cumulative, please provide: Occupation: FREELANCE WRITER Employer Name & Address: SELF-EMPLOYED 3170 LINDENWOOD DR SE, KENTWOOD, MI 49512 | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAI Description FOOD FOR MEETING WITH RESIDENTS 5. Date Of Receipt: 10/05/2023 6. Vendor Name & Address: ALDI 1849 MARKETPLACE DR SE, CALEDONIA, MI 49316 | N | 6.04 | \$ | 96.04 |
| Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ | | | \$ | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description Description Number of Receipt: Control of Receipt: Description Description | _ | k Here for N | ∕lemo It | emization |
| Fund Raiser Contribution | Done Cultur | otol | 171 | 0.4 | 171 01 |
| | Page Subto | Jiai | 171.0 | J4 | 171.04 |

Enter this total on line 6 of Summary Page

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



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|----------------|------------------|
| Expenditure #1 | | 1 | |
| Name AMAZON | | 06/15/2023 | \$ 16.79 |
| | Purpose: ENVELOPES | Date | Ψ <u>10.73</u> |
| Address 410 TERRY AVE N | Purpose: | | |
| SEATTLE, WA 98109 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name AMAZON | | 06/16/2023 | . 05 74 |
| , <u></u> | ENIVELODES & LADELS | Date | \$ <u>35.74</u> |
| Address | Purpose: ENVELOPES & LABELS | | |
| 410 TERRY AVE N | | | |
| SEATTLE, WA 98109 | | | |
| □ _{5 (D)} | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name ABBY'S PRINTING | | 06/19/2023 | \$ 172.25 |
| Address | Purpose: PRINTING SUPPORT LETTERS | Date | Ψ <u>172.23</u> |
| 3109 BROADMOOR AVE SE | i uipose. | | |
| GRAND RAPIDS, MI 49512 | | | |
| _ | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name UNITED STATES POSTAL SERVICE | | 06/20/2023 | |
| | CTAMPC | Date | \$ <u>189.00</u> |
| Address 3970 S GREENBROOKE DR SE | Purpose: STAMPS | | |
| KENTWOOD, MI 49512 | | | |
| NEINT WOOD, INIT 40012 | Charle have if their assessment in the second of | | |
| П | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name AMAZON | | 07/08/2023 | |
| Address | Purpose: BUTTONS | Date | \$ <u>20.13</u> |
| 410 TERRY AVE N | | | |
| SEATTLE, WA 98109 | Check box if this expenditure is payment of | | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | 1 | |
| | Subto | tal this page | 433.91 |
| | Grand Total of all S | | |
| | (Complete on last page | e of Schedule) | |



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| | | T = D . | |
|--|---|---------------|-----------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | · · · · · · | |
| Name GOOGLE | | 07/08/2023 | . 10.00 |
| GOOGLE | MEDCITE DOMAIN | Date | \$ <u>12.00</u> |
| Address | Purpose: WEBSITE DOMAIN | Dale | |
| 1600 AMPHITHEATRE PKWY | | | |
| MOUNTAIN VIEW, CA 94043 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | Satomont | | |
| | | 07/00/0000 | |
| Name PAYPAL | | 07/09/2023 | \$ 3.48 |
| | Purpose: PAYPAL FEE | Date | <u> </u> |
| Address | Purpose: | | |
| 2211 N FIRST ST | | | |
| SAN JOSE, CA 95131 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | Statement | | |
| · | | | |
| Name AMAZON | | 07/13/2023 | ¢ 10 50 |
| Address | Purpose: THANK YOU CARDS | Date | \$ <u>10.59</u> |
| Address 410 TERRY AVE N | Purpose: TTANK TOO OATIDO | - 410 | |
| | | | |
| SEATTLE, WA 98109 | | | |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name UNITED STATES POSTAL SERVICE | | 07/14/0000 | |
| SIMILE STATES FOSTAL SERVICE | | 07/14/2023 | \$ 26.40 |
| Address | Purpose: STAMPS | Date | 20110 |
| 3970 S GREENBROOKE DR SE | i uipose | | |
| KENTWOOD, MI 49512 | | | |
| | | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| | | | |
| Name PAYPAL | | 07/17/2023 | ¢ 15 20 |
| Address | Purpose: PAYPAL FEE | Date | \$ <u>15.38</u> |
| 2211 N FIRST ST | | | |
| SAN JOSE, CA 95131 | | | |
| • | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| 1 and Hallott | | | |
| | Subto | tal this page | 67.85 |
| | Grand Total of all | Schedules 1B | |
| | (Complete on last page | | |



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|----------------|------------------|
| Expenditure #1 | | | |
| Name UNITED STATES POSTAL SERVICE | | 07/25/2023 | \$ 19.80 |
| | Purpose: STAMPS | Date | Ψ 13.00 |
| Address 3970 S GREENBROOKE DR SE | Purpose: OTATAL | | |
| KENTWOOD, MI 49512 | | | |
| REIVI WOOD, IVII 40012 | Check box if this expenditure is payment of | | |
| □p. | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name MUELLER DIGITAL SOLUTIONS | | 07/26/2023 | \$ 175.00 |
| | WEDGITE SEDVICES | Date | \$ <u>175.00</u> |
| Address | Purpose: WEBSITE SERVICES | | |
| | | | |
| GRANDVILLE, MI 49418 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | Statement | | |
| | | | |
| Name ABBY'S PRINTING | | 07/31/2023 | \$ 40.28 |
| Address | Purpose: BUSINESS CARDS | Date | <u> 10.20</u> |
| 3109 BROADMOOR AVE SE | Fulpose. | | |
| GRAND RAPIDS, MI 49512 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #4 | statement | | |
| • | | | |
| Name CUSTOM INK | | 08/08/2023 | ¢ 3// 5/ |
| Address | Purpose: CAMPAIGN T-SHIRTS | Date | * <u>J44.J4</u> |
| 2910 DISTRICT AVE | Purpose: | | |
| FAIRFAX, VA 22031 | | | |
| 171111700, 77722001 | | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name ABBY'S PRINTING | | 00/40/0000 | |
| ABBIOTIMA | MALKING CARRO | 08/10/2023 | \$ 199.28 |
| Address | Purpose: WALKING CARDS | Date | 100.20 |
| 3109 BROADMOOR AVE SE | | | |
| GRAND RAPIDS, MI 49512 | Check box if this expenditure is payment of | | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subto | otal this page | 778.90 |
| | Grand Total of all | Schedules 1B | |
| | (Complete on last page | e of Schedule) | |



2023016

1. Committee I. D. Number

COMMITTEE TO ELECT DAVID MOORE II

| 2. 0 | ommittee Name | | |
|--|---|----------------|------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name SIGN ROCKET | | 08/17/2023 | 045.00 |
| SIGN HOUNL I | \/ADD 010110 | | \$ <u>315.00</u> |
| Address | Purpose: YARD SIGNS | Date | |
| 340 BROADWAY AVE | | | |
| ST PAUL PARK, MN 55071 | | | |
| • | Check box if this expenditure is payment of | | |
| □ | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name AMAZON | | 08/28/2023 | |
| AIVIAZON | | | \$ 6.35 |
| Address | Purpose: POST-ITS FOR WALKING CARDS | Date | |
| Address 410 TERRY AVE N | Turpose. | | |
| | | | |
| SEATTLE, WA 98109 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #3 | statement | | |
| Experialiture #3 | | | |
| Name ABBY'S PRINTING | | 08/31/2023 | |
| 7.551 31 1.111111 | | | \$ 1,144.80 |
| Address | Purpose: LARGE CAMPAIGN SIGNS | Date | |
| 3109 BROADMOOR AVE SE | , | | |
| GRAND RAPIDS, MI 49512 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #4 | | | |
| Name AMAZON | | 08/31/2023 | |
| 71101712014 | | | \$ 27.20 |
| Address | Purpose: ENVELOPES | Date | |
| 410 TERRY AVE N | ruipose. | | |
| SEATTLE, WA 98109 | | | |
| OLATILE, WA JOIOJ | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Fun an although HF | | | |
| Expenditure #5 | | | |
| Name NORTHLAND STRATEGIES | | 09/10/2023 | |
| A.11 | Purpose: CAMPAIGN CONSULTING | | \$ 1,650.00 |
| Address 1935 4 MILE RD NE | Purpose: Order 7 don October 11 do | Date | |
| | | | |
| GRAND RAPIDS, MI 49525 | Check how if this government is a source of | | |
| _ | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Cubta | tal this page | 0 1 10 05 |
| | Subio | tai tilis paye | 3,143.35 |
| | Grand Total of all S | Schedules 1B | |
| | (Complete on last page | of Schedule) | |



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| | Johnnittee Hame | | |
|--|---|--------------------|-------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name ABBY'S PRINTING Address 3109 BROADMOOR AVE SE GRAND RAPIDS, MI 49512 | Purpose: WALKING CARDS | 09/13/2023 Date | \$ <u>149.4</u> 6 |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name PAYPAL Address | Purpose: PAYPAL FEE | 09/15/2023 Date | \$ <u>7.72</u> |
| 2211 N FIRST ST SAN JOSE, CA 95131 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name ABBY'S PRINTING Address | Purpose: PRINTING LETTERS FOR MAILING | 09/19/2023 Date | \$ <u>69.17</u> |
| 3109 BROADMOOR AVE SE GRAND RAPIDS, MI 49512 | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name PAYPAL | | 09/20/2023 | \$ 1.99 |
| Address 2211 N FIRST ST SAN JOSE, CA 95131 | Purpose: PAYPAL FEE | Date | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name PAYPAL | | 09/21/2023 | |
| Address 2211 N FIRST ST SAN JOSE, CA 95131 | Purpose: PAYPAL FEE | Date | \$ <u>1.10</u> |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | Subto | tal this page | 229.44 |
| | Grand Total of all (Complete on last page | | |
| | | | |



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|---------------|--|
| Expenditure #1 | | 1 | |
| Name PAYPAL | | 09/22/2023 | \$ 3.38 |
| Address | Purpose: PAYPAL FEE | Date | |
| 2211 N FIRST ST | 1 uipose | | |
| SAN JOSE, CA 95131 | | | |
| 57 H T T T T T T T T T T T T T T T T T T | Charle have if this assessed its use is manuscrat of | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name PAYPAL | | 09/22/2023 | \$ 2.66 |
| Address | Purpose: PAYPAL FEE | Date | |
| 2211 N FIRST ST | - uipose | | |
| | | | |
| SAN JOSE, CA 95131 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Nama | | | |
| Name UNITED STATES POSTAL SERVICE | | 09/27/2023 | \$ 277.20 |
| A.1.1 | Purpose: STAMPS | Date | ₹ <u>∠11.∠U</u> |
| Address 3970 S GREENBROOKE DR SE | Purpose: OTAIVII O | 24.0 | |
| | | | |
| KENTWOOD, MI 49512 | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | Statement | | |
| | | | |
| Name PAYPAL | | 09/28/2023 | 7.04 |
| | DAVDAL EEE | Date | \$ <u>7.94</u> |
| Address | Purpose: PAYPAL FEE | 24.0 | |
| 2211 N FIRST ST | | | |
| SAN JOSE, CA 95131 | | | |
| | Check box if this expenditure is payment of | | |
| □ | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name PAYPAL | | | |
| PATFAL | | 10/05/2023 | ¢ 1 00 |
| Address | Purpose: PAYPAL FEE | Date | \$ <u>4.83 </u> |
| 2211 N FIRST ST | 100000 | | |
| SAN JOSE, CA 95131 | | | |
| , | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| | Subto | tal this page | 296.01 |
| | Grand Total of all S | Schedules 1R | |
| | (Complete on last page | | |
| | | , r | Enter this total |



1. Committee I. D. Number 2023016

2. Committee Name COMMITTEE TO ELECT DAVID MOORE II

| | Similate Name | · · · · · · · · · · · · · · · · · · · | |
|---|---|---------------------------------------|-----------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name PAYPAL | | 10/09/2023 | . 0.00 |
| IAIIAL | DAY/DAI | | \$ <u>3.38</u> |
| Address | Purpose: PAYPAL | Date | |
| 2211 N FIRST ST | | | |
| SAN JOSE, CA 95131 | | | |
| | Check box if this expenditure is payment of | | |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name ABBY'S PRINTING | | 10/10/2023 | |
| ADDISPHINING | | | \$ 149.46 |
| | Purpose: WALKING CARD | Date | |
| Address | Purpose: | | |
| 3109 BROADMOOR AVE SE | | | |
| GRAND RAPIDS, MI 49512 | | | |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #3 | | | |
| Name PAYPAL | | 10/17/0000 | |
| FAIFAL | | 10/17/2023 | \$ 1.99 |
| Address | Purpose: PAYPAL | Date | |
| 2211 N FIRST ST | i dipose. | | |
| SAN JOSE, CA 95131 | | | |
| 0/11 000E, 0/1 00101 | | | |
| | LICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name DAV/DAI | | | |
| Name PAYPAL | | 10/20/2023 | ° 2 66 |
| A | DAVDAI EEE | Date | \$ <u>2.66</u> |
| Address | Purpose: PAYPAL FEE | | |
| 2211 N FIRST ST | | | |
| SAN JOSE, CA 95131 | | | |
| | Check box if this expenditure is payment of | | |
| □- ·-· | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name | | | |
| | | | \$ |
| Address | Purpose: | Date | Ψ |
| | | | |
| | Click F | Here for Memo I | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| i uilu naisei | statement | ı | |
| | Subto | tal this page | 157.49 |
| | Grand Total of all 9 | Schedules 1P | T 400 05 |

5,106.95 (Complete on last page of Schedule)