

CANDIDATE COMMITTEE COVER PAGE

FILED 23 OCT 2023 PM 09:46

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

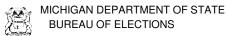
FOR OFFICIAL USE ONLY

3. This Statement covers From: 07/21/2023 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 10/20/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. DAVID LAGRAND M 2023021 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** LAGRAND FOR GRAND RAPIDS 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 126 LAFAYETTE AVE NE RICHARD WILLIAMSON GRAND RAPIDS, MI 49503 547 CHERRY ST SE APT H GRAND RAPIDS, MI 49503 Area Code and Phone (616) 540-0994 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 499-1814 be sent to this address by the filing official. 8. Designated Record keeper's Name and Mailing Address (If the committee has a 7. Treasurer's Business Address Designated Record keeper) 547 CHERRY ST SE RICHARD WILLIAMSON APT H 547 CHERRY ST SE GRAND RAPIDS, MI 49503 APT H **GRAND RAPIDS, MI 49503** Area Code and Phone (616) 499-1814 Area Code and Phone (616) 499-1814 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. 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. X October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (2023) 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 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 10/23/2023 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 10/23/2023 signature on file Candidate _ Date Signature Type or Print Name

1. Committee I.D. Number 2023021

SUMMARY PAGE CANDIDATE COMMITTEE

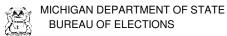
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 15,294.28	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 15,294.28	(18.) \$ 31,823.65
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.) \$ _15,294.28	(20.) \$ 31,823.65
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 3,419.24
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.) \$ 6,997.65	
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.) \$ 6,997.65	(23.) \$ 8,708.11
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.) \$	
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
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.) \$_14,818.91	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 15,294.28	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>30,113.19</u>	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 6,997.65	
(Subtract line 16 from line 15)	(17.) \$ 23,115.54	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

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 07/23/2023 THOMAS SCHULTZ 2988 RICHMOND ST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,000.00
Occupation ATTORNEY Employer SELF EMPLOYED Business Address 161 OTTAWA AVE NW, SUITE 303, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/2023 Name & Address GEORGE HEARTWELL 8928 S PARSON AVE FREMONT, MI 49412	_{\$} 258.32	_{\$} 258.32
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 8928 S PARSON AVE, FREMONT, MI 49412		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/2023 Name & Address: LIZ KLINZING 535 MADISON AVE SE GRAND RAPIDS, MI 49503	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation REALTOR Employer GREENRIDGE		
Business Address 535 MADISON 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 07/31/2023 Name & Address MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 306 JAMES AVE SE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser	1	_
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	1,533.32 Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

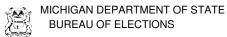
CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/03/2023 Name & Address: PAUL DENENFELD 1868 TURNSTONE LN NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 250.00	_{\$} 250.00
Occupation JUDGE Employer STATE OF MI / KENT COUNTY Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/15/2023		
MIRA JOURDAN 2626 BROOKLYN AVE SE GRAND RAPIDS, MI 49507	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation PSYCHOLOGIST Employer MIRA KRISHNAN LLC		
Business Address 4320 44TH ST SW, GRANDVILLE, MI 49418		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/15/2023 Name & Address: LUCIA KRZYWONOS 2044 BRYCEWAY CT GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2044 BRYCEWAY CT, GRAND RAPIDS, MI 49505 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/15/2023 Name & Address ANDREW DEBOER 2688 NORWAY MAPLE CT KENTWOOD, MI 49512	_{\$} 1,000.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 2688 NORWAY MAPLE CT, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,550.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

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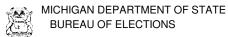
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ___2023021

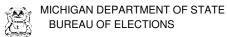
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/22/2023 Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 306 JAMES AVE SE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/26/2023 Name & Address PAUL ROZEBOOM 1145 CADILLAC DR SE GRAND RAPIDS, MI 49506	\$250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer C2AE Business Address 50 LOUIS ST NW, SUITE 200, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/07/2023 Name & Address: GRAND RAPIDS FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505	_{\$} 2,500.00	_{\$} 2,500.00
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 09/12/2023 Name & Address DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546	_{\$} 250.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer GRAND RAPIDS PUBLIC MUSEUM		
Business Address 272 PEARL ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	3,025.00	<u> </u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

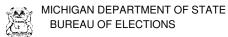
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/15/2023 Name & Address: STEVE GARVELINK		
1958 KINGSTON DR SE GRAND RAPIDS, MI 49508	_{\$} 25.00	° 25.00
5. If over \$100.00 cumulative, please provide:	<u>\$ — 0 : 0 0 </u>	\$
Occupation RETIRED Employer RETIRED		
Business Address 1958 KINGSTON DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/15/2023		
Name & Address JEANIE KAMMERAAD		
2136 S CROSS CREEK DR SE	_{\$} 51.83	_s 103.66
GRAND RAPIDS, MI 49508	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2136 S CROSS CREEK DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/16/2023		
JON BYLSMA		
621 RUSSWOOD ST NE	_{\$} 1,000.00	_{\$} 1,000.00
GRAND RAPIDS, MI 49505		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer VARNUM LLP		
Business Address 333 BRIDGE ST NW, GRAND RAPIDS, MI 49504 Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address		
ROGER GRIFFIOEN		
3023 KAY DR SE GRAND RAPIDS, MI 49508	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 3023 KAY DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,101.83	
Grand Total of All Schedules 1A		
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1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

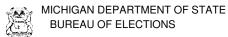
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/19/2023 Name & Address: KAREN HELDER 2452 VILLAGE DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation SOCIAL WORKER Employer RETIRED Business Address 2452 VILLAGE DR SE, GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 100.00
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 ROBERT VANSTRIGHT 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506	\$500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED Business Address 58 SUNNYBROOK AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/2023 Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/2023 Name & Address SUSAN BOLHOUSE 2306 BRIAR HILLS DR NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2306 BRIAR HILLS DR NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 14	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

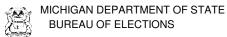
enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/22/2023 Name & Address: PAULA VANDERHOVEN 2230 RAYBROOK ST SE APT 102 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 2230 RAYBROOK ST SE, APT 102, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.00	_{\$} 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/26/2023 Name & Address DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 103.45	_{\$} 306.90
Occupation RETIRED Business Address 4536 HERSMAN ST SE, GRAND RAPIDS, MI 49546 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: ANN KAPTEYN 259 MADISON AVE SE GRAND RAPIDS, MI 49503	<u>\$</u> 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation TEACHER Employer WYCLIFFE BIBLE TRANSLATORS Business Address PO BOX 628200, ORLANDO, FL 32862 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/05/2023 Name & Address PETER ARMSTRONG 10205 SUNSET TRL WEST OLIVE, MI 49460	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 10205 SUNSET TRL, WEST OLIVE, MI 49460 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 14	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

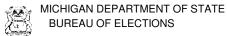
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/09/2023 Name & Address: TONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation FERRIS UNIVERSITY Employer PROFESSOR Business Address 1201 S STATE ST, BIG RAPIDS, MI 49307 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address		
JEFF CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505	_{\$} 250.00	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation ADMINISTRATOR Employer STATE OF MICHIGAN		
Business Address 425 W OTTAWA ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address: CHAD KOOYER 4653 NORTHVIEW AVE NE GRAND RAPIDS, MI 49525	_{\$} 26.01	_{\$} 26.01
5. If over \$100.00 cumulative, please provide:		
Occupation POLICE OFFICER Employer GFIAA		
Business Address 5500 44TH ST SE, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address NATHAN WILLINK 1325 THOMAS ST SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONTRACTOR Employer SELF		
Business Address 1549 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser	T	
Page Subtotal Grand Total of All Schedules 1A	601.01	
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CANDIDATE COMMITTEE

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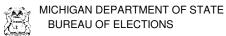
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address: STAN BOES		
2572 ENGLISH OAK CT	F 1 00	100.67
GRAND RAPIDS, MI 49512	_{\$} 51.83	_{\$} 129.67
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2572 ENGLISH OAK CT, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/2023		
Name & Address ROBERT ROCHE		
168 COLLEGE AVE NE	_{\$} 51.83	_{\$} 51.83
GRAND RAPIDS, MI 49503	<u>\$ 0 1.00</u>	\$ 31.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 168 COLLEGE AVE NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/10/2023		
Name & Address:		
LYNN PERRY 2152 CHESANING DR SE	\$50.00	_s 50.00
GRAND RAPIDS, MI 49506	<u>\$ 00.00</u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation CIRCUIT COURT REFEREE-FAMILY LAW Employer KENT COUNTY		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address		
NANCY MROCZKOWSKI		
1800 LOTUS AVE SE	_{\$} 25.00	25.00
GRAND RAPIDS, MI 49506	<u>\$ 20.00</u>	\$_ Z0.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 1800 LOTUS AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	178.66	
Grand Total of All Schedules 1A		-
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1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/2023 Name & Address: RANDY COMMERET 3912 PEMBERTON DR SE GRAND RAPIDS, MI 49508	_{\$} 26.01	_{\$} 26.01
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address Type of Contribution: Direct Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/2023		
Name & Address GARY STARK		
2637 HAMPSHIRE BLVD SE	₆ 150.00	_{\$} 150.00
EAST GRAND RAPIDS, MI 49506	\$	\$ 100100
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2637 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/11/2023		
MICHAEL DAVID	100.00	100.00
709 LYON ST NE	_{\$} 100.00	_{\$} 100.00
GRAND RAPIDS, MI 49503		
5. If over \$100.00 cumulative, please provide:		
Occupation STAGEHAND Employer SELF EMPLOYED		
Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/12/2023		
Name & Address		
JUDITH JONES 2500 OAKWOOD AVE NE	75.00	470 45
GRAND RAPIDS, MI 49505	_{\$} 75.00	_{\$_} 178.45
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2500 OAKWOOD AVE NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	351.01	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on	J
Page 9 of 14	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

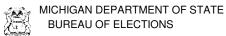
CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

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 10/12/2023 Name & Address: KRIS SPAULDING 55 MAYFAIR DR NE GRAND RAPIDS, MI 49503	_{\$_} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer ONE BEER AT A TIME		
Business Address 925 CHERRY ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/13/2023 Name & Address		
TIM RUSS 25 ROBINHOOD DR SE ADA, MI 49301	_{\$} _75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation UNISERVE DIRECTOR Employer MICHIGAN EDUCATION ASSOCIATION Business Address 4760 FULTON ST E, ADA, MI 49301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/13/2023 Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546	_{\$} 250.00	_{\$} 556.90
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 4526 HERSMAN ST SE, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address DAVID COLOMBO 1005 LAKE GROVE AVE SE GRAND RAPIDS, MI 49506	§ 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation PHYSICIAN Employer COREWELL HEALTH		
Business Address 25 MICHIGAN ST NE, SUITE 2500, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	625.00 Enter this total on	-
_ 10 . 14	line 3a of Summary	

Page of ___

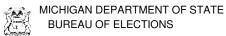
Page.



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

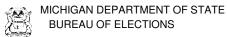
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address: PETER ALBERTINI 540 PROSPECT AVE SE GRAND RAPIDS, MI 49503	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation SELF-EMPLOYED Employer REALTOR Business Address 3237 PLATINUM NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301	\$ <u>100.00</u>	\$ 600.00
5. If over \$100.00 cumulative, please provide: Occupation JUDGE Employer 17TH CIRCUIT COURT		
Occupation JUDGE Employer 17TH CIRCUIT COURT Business Address 180 OTTAWA AVE NW, SUITE 10200, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address: MARC SCHLATTER 2100 TIMBER POINT DR SE ADA, MI 49301	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PHYSICIAN Employer PEDIATRIC SURGEONS OF WEST MICHIGAN		
Business Address 330 BARCLAY AVE NE, SUITE 202, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address ANDY BOS 215 NORWOOD AVE SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer EASTOWN FINANCIAL SERVICES		
Business Address 1514 WEALTHY ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 11 of 14	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

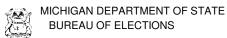
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address: MARLIN FEYEN OC CAMPALLANT NIM		
26 CAMPAU AVE NW UNIT 26 GRAND RAPIDS, MI 49503	_{\$} 750.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide:		
Occupation GR PUBLIC MUSEUM BOARD Employer GR PUBLIC MUSEUM		
Business Address 272 PEARL ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address		
STEPHEN RECHNER		
5553 SANCTUARY DR NE	1.000.00	_{\$} 1,000.00
ADA, MI 49301	\$	\$ 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 5553 SANCTUARY DR NE, ADA, MI 49301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address:		
FRED CLOWNEY 325 COLLEGE AVE SE	¢500.00	_{\$} 500.00
GRAND RAPIDS, MI 49503	\$ 000:00	\$ 300.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer INTERMET SYSTEMS		
Business Address 4767 BROADMOOR AVE SE, SUITE 7, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2023		
Name & Address STEVEN PESTKA		
2517 ASHWOOD CT SE	500 00	1 500 00
ADA, MI 49301	_{\$} 500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer H & M MANAGEMENT & DEVELOPMENT CO.		
Business Address 2517 ASHWOOD CT SE, ADA, MI 49301		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,750.00	
Grand Total of All Schedules 1A	, , , , , , , , , , , , , , , , , , , ,	-
(Complete on last page of Schedule)	Enter this total on	_
Page 12 of 14	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

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 10/18/2023 Name & Address: CLAUDIA BEVERSLUIS 322 AURORA ST SE GRAND RAPIDS, MI 49507	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation NOT EMPLOYED Employer NOT EMPLOYED		
Business Address 322 AURORA ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address		
JACK HOFFMAN		
247 MORRIS AVE SE	_{\$} 500.00	_{\$} 500.00
GRAND RAPIDS, MI 49503		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer KUIPER ORLEBEKE PC		
Business Address 180 MONROE AVE NW, SUITE 400, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/18/2023 Name & Address: TERRY GATES 7135 MCCORDS AVE SE ALTO, MI 49302	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 7135 MCCORDS AVE SE, ALTO, MI 49302		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/18/2023		
JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer EDUCATION CONSULTING PRACTICE		
Business Address 425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	975.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		•
Page 13 of 14	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

	ox to indicate if cont	ribution is from a Political		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: BRANDON DIL 201 NORWOOL GRAND RAPID	D AVE SE	YES 4. Date of	f Receip	ot 10/19/2023	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cum Occupation LOBB	YIST	_ Employer WINMA				
Business Address 10 Type of Contribution:		DN SQUARE, SUITE -	1400,	LANSING, MI 48933 Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Receip	ot		
					\$	\$
5. If over \$100.00 cum					Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date o	f Recei	pt		
					\$	\$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	of Rece	ipt		
					\$	\$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		_ Employer			Olloit Fiere for	Wellio Rellization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	250.00	
				and Total of All Schedules 1A lete on last page of Schedule)	15,294.28	
Page 14 of 14	_				Enter this total on line 3a of Summary Page.	



² Committee Name LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name LABOR HERITAGE SOCIETY OF WEST MICHIGAN		07/24/2023	¢ 650 00
	Purpose: ADVERTISING	Date	\$ <u>650.00</u>
Address 2944 FULLER AVE NE	Purpose: ADVETTIBITE		
SUITE 103			
GRAND RAPIDS, MI 49505	Chack boy if this synanditure is nowment of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name KENT COUNTY DEMOCRATIC PARTY		07/24/2023	\$ 250.00
	Purpose: DONATION	Date	Ψ <u>230.00</u>
Address	Purpose: DOIN/TION		
301 FULLER AVE NE			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name DAVID LAGRAND		08/01/2023	
BITTIB ETTAITITIE	DEDT DEDAYARNIT		\$ 3,419.24
Address AVE OF	Purpose: DEBT REPAYMENT	Date	
255 COLLEGE AVE SE			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name PARAGON PAYMENT SOLUTIONS		08/02/2023	
	OEDVIOE EEE	Date	\$ <u>80.87</u>
Address	Purpose: SERVICE FEE	24.0	
2141 E BROADWAY RD			
SUITE 202			
TEMPE, AZ 85282	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name COMCAST BUSINESS			
COMOAST DOSINESS	INITEDNIET	08/28/2023	\$ 251.57
Address	Purpose: INTERNET	Date	· <u>201.07</u>
1971 E BELTLINE AVE NE			
GRAND RAPIDS, MI 49525	Check box if this expenditure is payment of		
 	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	4,651.68
	Grand Total of all	Schedules 1B	-
	(Complete on last page		



1. Committee I. D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		1	
Name GOOGLE		09/01/2023	\$ 18.00
Address	Purpose: GSUITES	Date	
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			
Name THE ORIGINAL PRINT SHOPPE		09/01/2023	\$ 1,333.48
Address	Purpose: CAMPAIGN LITERATURE	Date	
511 BROWN RD			
ORION TWP, MI 48359			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name PARAGON PAYMENT SOLUTIONS		09/05/2023	00.00
	Purpose: SERVICE FEE	Date	\$ <u>28.00</u>
Address 2141 E BROADWAY RD	Purpose: OLITATOL TEL		
SUITE 202			
TEMPE, AZ 85282	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name COMCAST BUSINESS		09/15/2023	\$ 124.79
Address	Purpose: INTERNET	Date	Ψ <u>124.73</u>
1971 E BELTLINE AVE NE	Tarposo.		
GRAND RAPIDS, MI 49525			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name GOOGLE		10/02/2023	. 40.00
Address	Purpose: GSUITES	Date	\$ <u>18.00</u>
1600 AMPHITHEATRE PKWY			
MOUNTAIN VIEW, CA 94043	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		tal this page	1,522.27
	Grand Total of all S	Schedules 1B	,
	(Complete on last page	of Schedule)	



2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282	Purpose: SERVICE FEE Check box if this expenditure is payment of debt or obligation reported on previous	10/02/2023 Date	\$ <u>166.68</u>
Fund Raiser Expenditure #2	statement		
Name GRAND RAPIDS NAACP Address 640 EASTERN AVE SE	Purpose: GALA TICKET	10/03/2023 Date	\$ <u>135.23</u>
SUITE 1 GRAND RAPIDS, MI 49506 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name NGP VAN Address 655 15TH ST NW	Purpose: SOFTWARE	10/03/2023 Date	\$ <u>320.00</u>
SUITE 650 WASHINGTON, DC 20005 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516	Purpose: POSTAGE	10/05/2023 Date	\$ <u>66.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name RYLEE'S ACE HARDWARE Address 1234 MICHIGAN ST NE GRAND RAPIDS, MI 49503 Fund Raiser	Purpose: SUPPLIES Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	\$ <u>11.00</u>
	Subto	tal this page	698.91
	Grand Total of all S (Complete on last page		



2. Committee Name LAGRAND FOR GRAND RAPIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6	. Amount
Expenditure #1		-1	
Name COMCAST BUSINESS		10/19/2023	\$ 124.79
	Purpose: INTERNET	Date	<u>124.79</u>
Address 1971 E BELTLINE AVE NE	Purpose: IIIIIIII	- 3.1.2	
GRAND RAPIDS, MI 49525			
GI 17 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			-
Name			
		Sate	\$
Address	Purpose:	Date	
	Cliabal	lava fav Mausa Itau	
	Click F	Here for Memo Iten	nization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click F	lere for Memo Iten	nization Type
		icie ici ivicino iten	nzation Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Sate	\$
Address	Purpose:		
	Click b	lere for Memo Iten	nization Type
		icie ici ivicino iten	iization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address		 Date	\$
Audicas	Purpose:	Dato	
	Click F	Here for Memo Item	nization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	24.79
	Grand Total of all S	· · ·	2 007 65
	Grand rotal of all S	Scriedules ID I	こひひろだに

(Complete on last page of Schedule) 6,997.65



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number __2023021

• • • • • • • • • • • • • • • • • • • •	· ·-
CANDIDATE	COMMITTEE

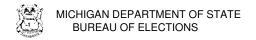
2. Committee Name LAGRAND FOR GRAND RAPIDS

CANDIDATE COMMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Check	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	Type of Obligation (Description) Indicate date debt was incurred	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
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by: DAVID M LAGRAND	4. Type: OFFICE SUPPLIES	08/01/23 \$ 96.32		
255 COLLEGE ST SE	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49503	06/05/2023	\$	\$ 96.32	\$ 0.00
	6. Original Amount of Debt	\$	\$ 30.32	—
	\$ <u>96.32</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$ 0	
Debt #2 Corp? Yes	4. Type: FOOD/BEVERAGES			
Owed to or by: DAVID M LAGRAND		08/01/23\$ 3,202.92		
255 COLLEGE ST SE	5. <u>Date Debt Was Incurred</u> : 06/15/2023	\$		
GRAND RAPIDS, MI 49503	6. Original Amount of Debt:	\$	\$ 3,202.92	\$ 0.00
	\$ 3,202.92	\$	Ψ	
	*	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$()
Debt #3 Corp? Yes Owed to or by:	4. Type: BANNER	08/01/23 \$ 120.00		
DAVID M LAGRAND 255 COLLEGE ST SE	5. <u>Date Debt Was Incurred</u> :	\$		
GRAND RAPIDS, MI 49503	06/19/2023	\$	100.00	\$ 0.00
ŕ	6. Original Amount of Debt:	 	\$_120.00_	\$_0.00
	_{\$} 120.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_)
		Page Subtotal	(Outstanding debt)	0.00
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	0.00
				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.

by"" or line 12b "owed to" of the Summary Page

Page 1 of 1



Summary Page.

Page 1 of 1

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2023021

2 Committee Name LAGRAND FOR GRAND RAPIDS

		EET FOR EACH EVENT -	
Date Event Was Held	 Number of Individuals Attending or Participating (whichever is greater) 	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held. TOLER / TRUDEAU HOM
0/18/2023	30	HOME RECEPTION	1353 BRIDGE ST NW GRAND RAPIDS, MI 4950 Private Residence
Fotal Contributions	5,500.00		
Other Receipts	0.00	 	
Gross Receipts (Add lines 7 a	and 8) 5,500.00		
Total Cost of Event stal Cost includes In-Kind Cor	0.00 ntributions and All Expenditures	Made For the Event)	
Check if event was a joi	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	-		
	- <u> </u>		

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.