



FILED

23 OCT 2023 PM 09:46

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/21/2023 to 10/20/2023

1. Committee I.D. Number

2023021

4. Candidate Last Name

LAGRAND

First Name

DAVID

M.I.

M

2. Committee Name

LAGRAND FOR GRAND RAPIDS

4a. Office Sought Including District # or Community Served (If applicable)

MAYOR, GRAND RAPIDS

4b. County of Residence **KENT COUNTY**

5. Committee's Mailing Address

**126 LAFAYETTE AVE NE
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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**RICHARD WILLIAMSON
547 CHERRY ST SE
APT H
GRAND RAPIDS, MI 49503**

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address

**547 CHERRY ST SE
APT H
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**RICHARD WILLIAMSON
547 CHERRY ST SE
APT H
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2023)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 2023021

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name LAGRAND FOR GRAND RAPIDS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,294.28</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,294.28</u>	(18.) \$ <u>31,823.65</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>15,294.28</u>	(20.) \$ <u>31,823.65</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>3,419.24</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,997.65</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,997.65</u>	(23.) \$ <u>8,708.11</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>14,818.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,294.28</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>30,113.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,997.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>23,115.54</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/2023</u>	
Name & Address: THOMAS SCHULTZ 2988 RICHMOND ST NW GRAND RAPIDS, MI 49504		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>161 OTTAWA AVE NW, SUITE 303, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2023</u>	
Name & Address: GEORGE HEARTWELL 8928 S PARSON AVE FREMONT, MI 49412		\$ <u>258.32</u>	\$ <u>258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>8928 S PARSON AVE, FREMONT, MI 49412</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/2023</u>	
Name & Address: LIZ KLINZING 535 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>GREENRIDGE</u> Business Address <u>535 MADISON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/31/2023</u>	
Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>306 JAMES AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1,533.32

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/03/2023</u>	
Name & Address: PAUL DENENFELD 1868 TURNSTONE LN NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MI / KENT COUNTY</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: MIRA JOURDAN 2626 BROOKLYN AVE SE GRAND RAPIDS, MI 49507		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>MIRA KRISHNAN LLC</u> Business Address <u>4320 44TH ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: LUCIA KRZYWONOS 2044 BRYCEWAY CT GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2044 BRYCEWAY CT, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/15/2023</u>	
Name & Address: ANDREW DEBOER 2688 NORWAY MAPLE CT KENTWOOD, MI 49512		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2688 NORWAY MAPLE CT, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> 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
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/22/2023</u>	
Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>306 JAMES AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/2023</u>	
Name & Address: PAUL ROZEBOOM 1145 CADILLAC DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>C2AE</u> Business Address <u>50 LOUIS ST NW, SUITE 200, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: GRAND RAPIDS FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **3,025.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 2023021
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: STEVE GARVELINK 1958 KINGSTON DR SE GRAND RAPIDS, MI 49508		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1958 KINGSTON DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: JEANIE KAMMERAAD 2136 S CROSS CREEK DR SE GRAND RAPIDS, MI 49508		\$ <u>51.83</u>	\$ <u>103.66</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2136 S CROSS CREEK DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/2023</u>	
Name & Address: JON BYLSMA 621 RUSSWOOD ST NE GRAND RAPIDS, MI 49505		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM LLP</u> Business Address <u>333 BRIDGE ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2023</u>	
Name & Address: ROGER GRIFFIOEN 3023 KAY DR SE GRAND RAPIDS, MI 49508		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3023 KAY DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,101.83

Grand Total of All Schedules 1A
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1. Committee I.D. Number 2023021
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2023</u>	
Name & Address: KAREN HELDER 2452 VILLAGE DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>RETIRED</u> Business Address <u>2452 VILLAGE DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: ROBERT VANSTRIGHT 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>58 SUNNYBROOK AVE SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>306 JAMES AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: SUSAN BOLHOUSE 2306 BRIAR HILLS DR NE GRAND RAPIDS, MI 49505		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2306 BRIAR HILLS DR NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2023</u></p> <p>Name & Address: PAULA VANDERHOVEN 2230 RAYBROOK ST SE APT 102 GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2230 RAYBROOK ST SE, APT 102, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>100.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2023</u></p> <p>Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4536 HERSMAN ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>103.45</u>	\$ <u>306.90</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2023</u></p> <p>Name & Address: ANN KAPTEYN 259 MADISON AVE SE GRAND RAPIDS, MI 49503</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WYCLIFFE BIBLE TRANSLATORS</u> Business Address <u>PO BOX 628200, ORLANDO, FL 32862</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/2023</u></p> <p>Name & Address: PETER ARMSTRONG 10205 SUNSET TRL WEST OLIVE, MI 49460</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>10205 SUNSET TRL, WEST OLIVE, MI 49460</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **653.45**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/2023</u>	
Name & Address: TONY BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FERRIS UNIVERSITY</u> Employer <u>PROFESSOR</u> Business Address <u>1201 S STATE ST, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: JEFF CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: CHAD KOOYER 4653 NORTHVIEW AVE NE GRAND RAPIDS, MI 49525		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>GFIAA</u> Business Address <u>5500 44TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: NATHAN WILLINK 1325 THOMAS ST SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>SELF</u> Business Address <u>1549 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 601.01

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: STAN BOES 2572 ENGLISH OAK CT GRAND RAPIDS, MI 49512		\$ <u>51.83</u>	\$ <u>129.67</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2572 ENGLISH OAK CT, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: ROBERT ROCHE 168 COLLEGE AVE NE GRAND RAPIDS, MI 49503		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>168 COLLEGE AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: LYNN PERRY 2152 CHESANING DR SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIRCUIT COURT REFEREE-FAMILY LAW</u> Employer <u>KENT COUNTY</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: NANCY MROCZKOWSKI 1800 LOTUS AVE SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>1800 LOTUS AVE SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **178.66**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2023</u> Name & Address: RANDY COMMERET 3912 PEMBERTON DR SE GRAND RAPIDS, MI 49508		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3912 PEMBERTON DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/2023</u> Name & Address: GARY STARK 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2637 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/2023</u> Name & Address: MICHAEL DAVID 709 LYON ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STAGEHAND</u> Employer <u>SELF EMPLOYED</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/2023</u> Name & Address: JUDITH JONES 2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505		\$ <u>75.00</u>	\$ <u>178.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>2500 OAKWOOD AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **351.01**

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/2023</u>	
Name & Address: KRIS SPAULDING 55 MAYFAIR DR NE GRAND RAPIDS, MI 49503		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>ONE BEER AT A TIME</u> Business Address <u>925 CHERRY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: TIM RUSS 25 ROBINHOOD DR SE ADA, MI 49301		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNISERVE DIRECTOR</u> Employer <u>MICHIGAN EDUCATION ASSOCIATION</u> Business Address <u>4760 FULTON ST E, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>556.90</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>4526 HERSMAN ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: DAVID COLOMBO 1005 LAKE GROVE AVE SE GRAND RAPIDS, MI 49506		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>COREWELL HEALTH</u> Business Address <u>25 MICHIGAN ST NE, SUITE 2500, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 625.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: PETER ALBERTINI 540 PROSPECT AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>REALTOR</u> Business Address <u>3237 PLATINUM NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>17TH CIRCUIT COURT</u> Business Address <u>180 OTTAWA AVE NW, SUITE 10200, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: MARC SCHLATTER 2100 TIMBER POINT DR SE ADA, MI 49301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>PEDIATRIC SURGEONS OF WEST MICHIGAN</u> Business Address <u>330 BARCLAY AVE NE, SUITE 202, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: ANDY BOS 215 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EASTOWN FINANCIAL SERVICES</u> Business Address <u>1514 WEALTHY ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,100.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: MARLIN FEYEN 26 CAMPAU AVE NW UNIT 26 GRAND RAPIDS, MI 49503		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GR PUBLIC MUSEUM BOARD</u> Employer <u>GR PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: STEPHEN RECHNER 5553 SANCTUARY DR NE ADA, MI 49301		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>5553 SANCTUARY DR NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: FRED CLOWNEY 325 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>INTERMET SYSTEMS</u> Business Address <u>4767 BROADMOOR AVE SE, SUITE 7, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: STEVEN PESTKA 2517 ASHWOOD CT SE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>H & M MANAGEMENT & DEVELOPMENT CO.</u> Business Address <u>2517 ASHWOOD CT SE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,750.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: CLAUDIA BEVERSLUIS 322 AURORA ST SE GRAND RAPIDS, MI 49507		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>322 AURORA ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: JACK HOFFMAN 247 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KUIPER ORLEBEKE PC</u> Business Address <u>180 MONROE AVE NW, SUITE 400, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: TERRY GATES 7135 MCCORDS AVE SE ALTO, MI 49302		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>7135 MCCORDS AVE SE, ALTO, MI 49302</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2023</u>	
Name & Address: JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>EDUCATION CONSULTING PRACTICE</u> Business Address <u>425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 975.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021
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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/2023</u>	
Name & Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>LOBBYIST</u>		Employer <u>WINMATT GROUP</u>	
Business Address <u>101 N WASHINGTON SQUARE, SUITE 1400, LANSING, MI 48933</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address:			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
		\$	\$
5. If over \$100.00 cumulative, please provide:			
Occupation		Employer	
Business Address			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

250.00

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

15,294.28

Enter this total on
line 3a of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 Name LABOR HERITAGE SOCIETY OF WEST MICHIGAN Address 2944 FULLER AVE NE SUITE 103 GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 650.00
Expenditure #2 Name KENT COUNTY DEMOCRATIC PARTY Address 301 FULLER AVE NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: DONATION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2023 Date	\$ 250.00
Expenditure #3 Name DAVID LAGRAN Address 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: DEBT REPAYMENT <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2023 Date	\$ 3,419.24
Expenditure #4 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: SERVICE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/02/2023 Date	\$ 80.87
Expenditure #5 Name COMCAST BUSINESS Address 1971 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: INTERNET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/28/2023 Date	\$ 251.57

Subtotal this page **4,651.68**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: GSUITES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2023 Date	\$ 18.00
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 511 BROWN RD ORION TWP, MI 48359 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2023 Date	\$ 1,333.48
Expenditure #3 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: SERVICE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/05/2023 Date	\$ 28.00
Expenditure #4 Name COMCAST BUSINESS Address 1971 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: INTERNET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/15/2023 Date	\$ 124.79
Expenditure #5 Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: GSUITES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 18.00

Subtotal this page

1,522.27

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282 <input type="checkbox"/> Fund Raiser	Purpose: SERVICE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 166.68
Expenditure #2 Name GRAND RAPIDS NAACP Address 640 EASTERN AVE SE SUITE 1 GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: GALA TICKET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 135.23
Expenditure #3 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: SOFTWARE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2023 Date	\$ 320.00
Expenditure #4 Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE GRAND RAPIDS, MI 49516 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2023 Date	\$ 66.00
Expenditure #5 Name RYLEE'S ACE HARDWARE Address 1234 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	\$ 11.00

Subtotal this page

698.91

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **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 Name COMCAST BUSINESS Address 1971 E BELTLINE AVE NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: INTERNET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/2023 Date	\$ 124.79
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **124.79**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,997.65**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021
2. Committee Name LAGRAND FOR GRAND RAPIDS

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DAVID M LAGRAN 255 COLLEGE ST SE GRAND RAPIDS, MI 49503	4. Type: <u>OFFICE SUPPLIES</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>96.32</u>	08/01/23 \$ <u>96.32</u> \$ \$ \$ \$	\$ <u>96.32</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: DAVID M LAGRAN 255 COLLEGE ST SE GRAND RAPIDS, MI 49503	4. Type: <u>FOOD/BEVERAGES</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,202.92</u>	08/01/23 \$ <u>3,202.92</u> \$ \$ \$ \$	\$ <u>3,202.92</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: DAVID M LAGRAN 255 COLLEGE ST SE GRAND RAPIDS, MI 49503	4. Type: <u>BANNER</u> 5. <u>Date Debt Was Incurred:</u> <u>06/19/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>120.00</u>	08/01/23 \$ <u>120.00</u> \$ \$ \$ \$	\$ <u>120.00</u>	\$ <u>0.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

0.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2023021**
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 10/18/2023	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity HOME RECEPTION	6. Address and Name (If any) of the place where the activity was held. TOLER / TRUDEAU HOME 1353 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions **5,500.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,500.00**
10. Total Cost of Event **0.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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