



FILED

03 SEP 2024 PM 07:31

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

**129086**

4. Candidate Last Name First Name M.I.

**LYONS LISA P**

2. Committee Name

**LISA POSTHUMUS LYONS FOR COUNTY CLERK**

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

**CLERK, KENT COUNTY**

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

5. Committee's Mailing Address

**P.O. BOX 3373  
GRAND RAPIDS, MI 49501**

6. Treasurer's Name & Residential Address

**ROBERT J MACOMBER  
1725 BLAIR ST  
LANSING, MI 48910**

Area Code and Phone (616) 965-6780  
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.

Area Code & Phone (616) 965-6780

7. Treasurer's Business Address

**1725 BLAIR ST  
LANSING, MI 48910**

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

Area Code and Phone (616) 965-6780

Area Code and Phone () -

**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

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

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

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

Date of Election, Convention or Caucus

08/06/2024

**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 late fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

09/03/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

09/03/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 129086

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,000.00</u>	(18.) \$ <u>135,682.37</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>2,000.00</u>	(20.) \$ <u>135,682.37</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>1,200.00</u>	(21.) \$ <u>3,613.16</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5,148.03</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>32.07</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5,180.10</u>	(23.) \$ <u>35,124.03</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>1,037.19</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>55.31</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>1,092.50</u>	(24.) \$ <u>10,484.40</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>96,893.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>98,893.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>6,272.60</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>92,620.40</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129086  
2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

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>08/05/2024</u>	
Name & Address: <b>MICHAEL JANDERNOA</b> <b>8805 OLIVE SHORE AVE</b> <b>WEST OLIVE, MI 49460</b>		\$ <u>2,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>ENTREPRENUER</u> Employer <u>SELF</u>			
Business Address <u>171 MONROE AVE NW, #410, 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 _____	
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

2,000.00

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

2,000.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **129086**

## CANDIDATE COMMITTEE

2. Committee Name **LISA POSTHUMUS LYONS FOR COUNTY CLERK**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: <b>MAINTAIN OUR MAJORITY PAC</b> <b>PO BOX 230672</b> <b>GRAND RAPIDS, MI 49523</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN SERVICES</b> 5. Date Of Receipt: <b>08/08/2024</b> 6. <b>Vendor Name &amp; Address:</b> <b>LRA CONSULTING</b> <b>7764 SPARTA AVE NW,</b> <b>SPARTA, MI 49345</b>	\$ <b>1,200.00</b>	\$ <b>3,000.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution	<a href="#">Click Here for Memo Itemization</a>		
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution	<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal

**1,200.00**

**3,000.00**

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

**1,200.00**

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number **129086**  
2. Committee Name **LISA POSTHUMUS LYONS FOR COUNTY CLERK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>AMAZON.COM</b>  Address <b>410 TERRY AVE N</b> <b>SEATTLE, WA 98109</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/12/2024</b> Date	\$ <b>153.68</b>
Expenditure #2 Name <b>KENT COUNTY YOUTH FAIR</b>  Address <b>PO BOX 288</b> <b>LOWELL, MI 49331</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>LIVESTOCK AUCTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/16/2024</b> Date	\$ <b>4,994.35</b>
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	\$ _____
	<a href="#">Click Here for Memo Itemization Type</a>		
Expenditure #4 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	<a href="#">Click Here for Memo Itemization Type</a>		
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	<a href="#">Click Here for Memo Itemization Type</a>		

Subtotal this page	<b>5,148.03</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>5,148.03</b>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 129086  
2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>JIMMY JOHNS</b> <b>63 MONROE CENTER ST NW</b> <b>GRAND RAPIDS, MI 49503</b>	Purpose <b>MEETING - MEALS</b>	<u>07/25/2024</u> Date	\$ <u>19.98</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>PINK ARROW PRIDE</b> <b>300 HIGH ST SE</b> <b>LOWELL, MI 49331</b>	Purpose <b>SPONSORSHIP</b>	<u>07/26/2024</u> Date	\$ <u>100.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>JIMMY JOHNS</b> <b>63 MONROE CENTER ST NW</b> <b>GRAND RAPIDS, MI 49503</b>	Purpose <b>MEETING - MEALS</b>	<u>08/07/2024</u> Date	\$ <u>9.37</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>BAYMONT INN &amp; SUITES</b> <b>2151 HOLTON CT NW</b> <b>GRAND RAPIDS, MI 49544</b>	Purpose <b>STAFF LODGING</b>	<u>08/12/2024</u> Date	\$ <u>220.80</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>350.15</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 129086  
2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>JIMMY JOHNS</b> <b>63 MONROE CENTER ST NW</b> <b>GRAND RAPIDS, MI 49503</b>	Purpose <b>MEETING - MEALS</b>	<u>08/13/2024</u> Date	\$ <u>32.75</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>HEIDI'S FARMSTAND</b> <b>11999 CASCADE RD SE</b> <b>LOWELL TWP, MI 49331</b>	Purpose <b>STAFF EVENT FOOD</b>	<u>08/15/2024</u> Date	\$ <u>54.29</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>ROBERT J MACOMBER</b> <b>1725 BLAIR ST</b> <b>LANSING, MI 48910</b>	Purpose <b>REIMBURSEMENT</b>	<u>08/25/2024</u> Date	\$ <u>600.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>PO</u> <input type="checkbox"/> Fund Raiser		Memo Itemization Below
Disbursement # 4 Name & Address: <b>GRAND RAPIDS CHAMBER</b> <b>250 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>	Purpose <b>CONFERENCE REGISTRATION</b>	<u>08/12/2024</u> Date	\$ <u>(500.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser		(Memo Itemization)
Subtotal this page			<b>687.04</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number **129086**  
2. Committee Name **LISA POSTHUMUS LYONS FOR COUNTY CLERK**

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>ROBERT J MACOMBER 1725 BLAIR ST LANSING, MI 48910</b>	Purpose <b>STAFF GIFT CARD</b>	<b>08/15/2024</b> Date (Memo Itemization)	<b>\$(100.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <b>FO</b> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>0.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>1,037.19</b>

Enter this total  
on line 10a of  
Summary Page

**\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

**Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY**