

CANDIDATE COMMITTEE

FILED 03 SEP 2024 PM 07:31

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

COVER PAGE

OOVEILI AGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	07/22/2024 to 0	8/26/2024
. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
129086		LYONS	LISA	Р
		4a. Office Sought Including Dis	trict # or Community Served (If applicable)
2. Committee Name		CLERK, KENT COUNT	Υ	
LISA POSTHUMUS LYONS FOR COUNT	Y CLERK	4b. County of Residence KEN	NT COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	
P.O. BOX 3373		ROBERT J MACOM	RFR	
GRAND RAPIDS, MI 49501		1725 BLAIR ST	DEIT	
317,110		LANSING, MI 48910		
(616) 965-6780		,		
Area Code and Phone (616) 965-6780 f the address in this box is different from the committee (616) 965-6780	ttee			
nailing address on the Statement of Organization, r	nail may	Area Code & Phone (616)	965-6780	
be sent to this address by the filing official.		Area Code & Phone (010)	303 0700	
7. Treasurer's Business Address		8. Designated Record keeper' Designated Record keeper)	s Name and Mailing Address	(If the committee has a
1725 BLAIR ST				
LANSING, MI 48910				
Area Code and Phone (616) 965-6780		Area Code and Phone () -		
9. TYPE OF STATEMENT			9e. Dissolution of Candida	ate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the		— '	We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year:		by discharged and forgiven,	didate or his or her spouse is here and no longer collectible from
X Primary	July Quart	eny	owes no lates fees or has ar	tee has no oustanding assets, ny oustanding debt.
General	October Q	luarterly	Further, if the dissolution can	
Convention			considered a request for the	Reporting Waiver.
Special	9c. Annua	al Statement ()	Effective date of di	issolution
School		Coverage Year	Enocive date of di	SSOIGHOIT
Caucus	(Comp	dment to Campaign Statement lete Item 9a, 9b , 9c or 9e to	Note: The disposition of resi	dual funds must be reported on
	indicate amend	e which Statement is being led.)	Schedule 1B and the Summ	•
Date of Election Convention on Conven				
Date of Election, Convention or Caucus				
08/06/2024				
0. Verification: I\We certify that all reasonable diligenty\our knowledge and belief the contents are true, a	I ence was used accurate and co	in the preparation of this statem omplete.	I ent and attached schedules (i	f any) and to the best of
Current Treasurer or			Submitted electronically, signature on file	00/00/0004
Designated Record keeper		/ O'mark	Date	09/03/2024
Type or Print Name		Signature		
			Submitted electronically, signature on file	09/03/2024
Candidate		/	Date	00/00/2024

Signature

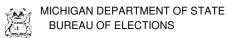
Type or Print Name

1. Committee I.D. Number 129086

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,000.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 2,000.00	(18.) \$ 135,682.37
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.) \$ _2,000.00	(20.) \$ 135,682.37
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1,200.00	(21.) \$ 3,613.16
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 5,148.03	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>32.07</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 5,180.10	(23.) \$ 35,124.03
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 1,037.19	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 55.31	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 1,092.50	(24.) \$ 10,484.40
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.) \$_96,893.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 2,000.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_98,893.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 6,272.60	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 92,620.40 *	



SCHEDULE 1A

1. Committee I.D. Number ___129086

CANDIDATE COMMITTEE 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? YES 4. Date of Receipt 08/05/2024 Name & Address: MICHAEL JANDERNOA 8805 OLIVE SHORE AVE WEST OLIVE, MI 49460	\$ 2,000.00	_{\$} 3,000.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u> </u>
Occupation ENTREPRENUER Employer SELF		
Business Address 171 MONROE AVE NW, #410, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address		
	\$	\$
E. If aven #100.00 aumulative places provide:	Click Horo to	r Mama Itamization
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	-	
	\$	\$
E. If aver \$100.00 aumulative places provide.	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	_	
	ф	•
	Φ	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	2,000.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule	Enter this total on	_l

Page 1 of 1

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 129086

LISA POSTHUMUS LYONS FOR COUNTY CLERK

CANDIDATE COMM	IITTEE 2. Committee Name			
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	е	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Ves Name & Address: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4.	· <u> </u>	,200.00 _s	3,000.00
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAI Description 5. Date Of Receipt: 6. Vendor Name & Address:	 N _	\$	
Fund Raiser Contribution		Click	k Here for Memo It	əmization
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN	N	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Clic	k Here for Memo It	emization
Fund Raiser Contribution	Page Subto	otal	1,200.00	3,000.00
	Grand Total of all Schedules 1 (Complete on last page of Schedu		1,200.00	

Enter this total on line 6 of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

129086

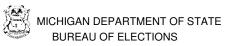
2. Committee Name LISA POSTHUMUS LYONS FOR COUNTY CLERK

	Offinitive Name	T	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name AMAZON.COM		08/12/2024	a 150 60
7 (1017 (2014:0010)	OFFICE SLIDBLIES	Date	\$ <u>153.68</u>
Address	Purpose: OFFICE SUPPLIES	Date	
410 TERRY AVE N			
SEATTLE, WA 98109			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	- Clateria		
Name KENT COUNTY YOUTH FAIR		08/16/2024	
KENI COUNTI TOUTH FAIR			\$ 4,994.35
Address	Purpose: LIVESTOCK AUCTION	Date	
PO BOX 288			
LOWELL, MI 49331			
10001	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Cliak	Jara for Mama It	temization Type
		tere for Memo it	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Turposc.		
	Click H	Here for Memo It	temization Type
	Check box if this expenditure is payment of		
Π	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Cliab	Hara for Mama H	temization Type
	Check box if this expenditure is payment of	icie ioi Mellio II	iomization Type
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	5,148.03
		-	o, 1 1 0.00

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

5,148.03

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number 129086

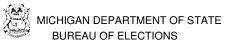
POST	HI IN/I	121	PINOV	FOR	COLL	NTV	CI	FRK

(For use by officeholders only)	2. Sommittee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: JIMMY JOHNS 63 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	MEETING - MEALS	07/25/2024 Date	\$ <u>19.98</u>
Check box if this disbursement is payment of debt or obligatio reported on previous statement	Disbursement Code <u>FO</u> n Fund Raiser		
Disbursement # 2 Name & Address: PINK ARROW PRIDE 300 HIGH ST SE LOWELL, MI 49331	Purpose SPONSORSHIP	07/26/2024 Date	4 <u>\$</u> 100.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code GO Fund Raiser		
Disbursement # 3 Name & Address: JIMMY JOHNS 63 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	MEETING - MEALS	08/07/202 Date	4 _{\$} 9.37
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 4 Name & Address: BAYMONT INN & SUITES 2151 HOLTON CT NW GRAND RAPIDS, MI 49544	Purpose STAFF LODGING	08/12/20: 	_{\$} 220.80
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code DO Fund Raiser		
	5	Subtotal this page	350.15
	Grand Total of (Complete on last p	all Schedules 1C 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



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number 129086

LISA POSTHUMUS LYONS FOR COUNTY CL	FRI
LIGAT COTTIONIOS ETCINOTORIOCOTATT CE	-∟ı u

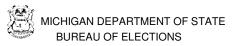
(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: JIMMY JOHNS 63 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	Purpose MEETING - MEALS	08/13/2024 Date	_{\$} 32.75
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 2 Name & Address: HEIDI'S FARMSTAND 11999 CASCADE RD SE LOWELL TWP, MI 49331	Purpose STAFF EVENT FOOD	08/15/2024 Date	_{4 \$} 54.29
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 3 Name & Address: ROBERT J MACOMBER 1725 BLAIR ST	Purpose REIMBURSEMENT	08/25/202 Date	4 \$600.00
LANSING, MI 48910	Ме	emo Itemization E	Below
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code PO Fund Raiser		
Disbursement # 4 Name & Address: GRAND RAPIDS CHAMBER 250 MONROE AVE NW GRAND RAPIDS, MI 49503	Purpose CONFERENCE REGISTRATION (M	08/12/202 Date emo Itemization)	24 _{\$} (500.00)
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
	Su	btotal this page	687.04
	Grand Total of a (Complete on last pa		
			Enter this total

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

 $_{\text{Page}}\,\underline{2}\quad \ \text{of}\,\,\underline{3}$



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number

129086

LISA POSTHUMUS LYONS FOR COUNTY CLERK

DIDATE COMMITTEE
For use by officeholders only)

2. Commit

(For use by officeholders only)	Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: ROBERT J MACOMBER 1725 BLAIR ST LANSING, MI 48910	STAFF GIFT CARD	Date (Memo Itemization)	\$ <u>(100.00)</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address:	Disbursement Code FO Fund Raiser Purpose		\$
		Date Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser		
Disbursement # 3 Name & Address:	Purpose	Date Click for Memo Item	s
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser		
Disbursement # 4 Name & Address:	Purpose	Date Click for Memo Item	\$nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser		
	Grand Total (Complete on las	Subtotal this page of all Schedules 1C t page of Schedule)	0.00 1,037.19

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

Page 3 of 3