

CANDIDATE COMMITTEE COVER PAGE

FILED 30 JAN 2024 PM 11:22

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

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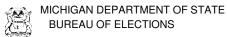
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 3. This Statement covers From: 10/21/2023 to 12/31/2023 1. Committee I.D. Number 4. Candidate Last Name First Name M.I. **SENITA** R LENEAR 128577 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name **MAYOR, GRAND RAPIDS** COMMITTEE TO ELECT SENITA LENEAR 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address PO BOX 68582 MILINDA D YSASI-CASTANON GRAND RAPIDS, MI 49516 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 308-5990
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 617-9755 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 Area Code and Phone (616) 617-9755 Area Code and Phone 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. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special 9c. \times 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 01/30/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 01/30/2024 signature on file Candidate _ Date Signature Type or Print Name

1. Committee I.D. Number 128577

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT SENITA LENEAR

CANDIDATE COMMITTEE		_
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,737.78	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3,737.78	(18.) \$ 3,737.78
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.) \$ 3,737.78	(20.) \$ 3,737.78
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$ 0.00
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.) \$ 0.00	
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.) \$ 0.00	(23.) \$ 0.00
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 (Add Line 10a + Line 10b)		0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ 3,939.78 (14.) + \$ 3,737.78 (15.) = \$ 7,677.56 (16.) - \$ 0.00 (17.) \$ 7,677.56	*



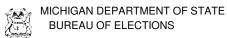
1. Committee I.D. Number

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CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 11/03/2023 Name & Address: MILINDA YSASI 1345 COLUMBIA AVE NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide: Occupation CEO Employer GROW Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507	_{\$} 500.00	_{\$} 500.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address RICHARD GORDON 4131 HOLYOKE DR SE GRAND RAPIDS, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: V Direct Loan from a person Fund Raiser	\$ 200.00	\$ 200.00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address: TONY ROSITAS 10021 OAK TRAIL ROAD FORT WAYNE, IN 46825	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer GK MEDIA		
Business Address 10021 OAK TRAIL ROAD, FORT WAYNE, IN 46825 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address PAMELA MOSS 2119 43RD ST SE GRAND RAPIDS, MI 49508	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-



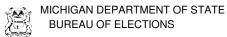
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address: VERA BROWN 3447 GRAND RIVER DR NE GRAND RAPIDS, MI 49525	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	·	
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/2023		
Name & Address REINA YSASI		
424 ELLIOTT ST SE	_{\$} 70.00	_{\$} 70.00
GRAND RAPIDS, MI 49507	\$ <u> </u>	\$ / O I O O
5. If over \$100.00 cumulative, please provide:		
Occupation UNDERWRITER Employer FARMERS INSURANCE		
Business Address 5659 N KRAFT LAKE DR, CALEDONIA, MI 49316		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/04/2023 Name & Address:		
DAVID SARNACKI 720 ROSEWOOD AVE SE	_{\$} 500.00	_{\$} 500.00
GRAND RAPIDS, MI 49506	Ψ	<u>\$ 000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SARNACKI LAW		
Business Address 146 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/22/2023		_
Name & Address ———————————————————————————————————		
2788 BEECHTREE DR SW	_s 100.00	. 100.00
BYRON CENTER, MI 49315	§ 100.00	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation COMMERCIAL REAL ESTATE BROKER Employer CARR INC		
Business Address 7155 NANTUCKET DR SW, BYRON CENTER, MI 49315		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	770.00	
Grand Total of All Schedules 1A		•
(Complete on last page of Schedule)	Enter this total on	J
Page 2 of 5	line 3a of Summary Page.	

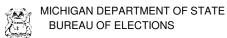


128577 1. Committee I.D. Number

CANDIDATE COMMITTEE

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/25/2023 Name & Address: OVELL BARBEE		
4488 OAK RIVER DR NE	250.00	250.00
GRAND RAPIDS, MI 49525	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRINCIPAL Employer OVELL ROME AND ASSOCIATES		
Business Address 4488 OAK RIVER DR NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/28/2023		
Name & Address SHANNON COHEN		
1418 COLORADO AVE SE	. 150.00	_s 150.00
GRAND RAPIDS, MI 49507	\$ <u>100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer SHANNON COHEN INC.		
Business Address 1418 COLORADO AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 12/03/2023		
Name & Address:		
LETITIA LEVI 4784 MILLHAVEN DR SE	_{\$} 100.00	_{\$} 100.00
GRAND RAPIDS, MI 49548	<u> </u>	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation REGIONAL WORKSPACES MANAGER Employer BOOKING.COM		
Business Address 4147 EASTERN AVE SE, GRAND RAPIDS, MI 49548		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/04/2023		
Name & Address JANAY BROWER		
1436 WILCOX PARK DR SE	400.00	400.00
GRAND RAPIDS, MI 49506	_{\$} 400.00	_{\$} 400.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer PUBLIC THREAD		
Business Address 446 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	000 00	1
	900.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		J
Page 3 of 5	Enter this total on line 3a of Summary	
Page O of O	Page.	



SCHEDULE 1A

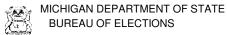
1. Committee I.D. Number 1285

128577

CANDIDATE COMMITTEE

2. Committee Name

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/07/2023 Name & Address: DALLAS LENEAR 4031 TIMBERLAND DR SE GRAND RAPIDS, MI 49508 5. If over \$100.00 cumulative, please provide: EXECUTIVE DIRECTOR - PROJECT GREEN	_{\$} 17.78	_{\$} 17.78
Occupation EXECUTIVE DIRECTOR Employer PROJECT GREEN Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/12/2023 Name & Address TOWONNA TANKSLEY 2320 GRANDVIEW DR FLOWER MOUND, TX 75028	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/15/2023 Name & Address: ELLEN JAMES 1244 TRAVIS ST NE GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/15/2023 Name & Address STEPHANIE PIERCE 4140 HOLYOKE DR SE GRAND RAPIDS, MI 49508	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR PROJECT GREEN		
Business Address 1333 ALGER ST SE, GRAND RAPIDS, MI 49507 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 5	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

128577 1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/15/2023 Name & Address: GINA CHARLES 1127 NIAGARA AVE SE GRAND RAPIDS, MI 49507	_{\$} 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation SR. PROJECT SPECIALIST Employer COREWELL HEALTH Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/15/2023 Name & Address MARQUES BEENE 611 ETHEL AVE SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation DEVELOPMENT DIRECTOR Employer NAACP GREATER GR		
Business Address 1530 MADISON AVE SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/29/2023 Name & Address: CYNTHIA HOLDER 2255 GODWIN AVE SE GRAND RAPIDS, MI 49507	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation MORTGAGE UNDERWRITER Employer FIFTH THIRD BANK		
Business Address 111 LYON ST 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 12/30/2023 Name & Address MARY ALICE WILLIAMS 1919 BOSTON ST SE GRAND RAPIDS, MI 49506	_{\$} 500.00	_{\$} _500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Page Subtotal	850.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 5	3,737.78 Enter this total on line 3a of Summary Page.	