



FILED
30 JAN 2024 PM 04:46

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: 10/21/2023 to 12/31/2023

1. Committee I.D. Number
129350

2. Committee Name
COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

4. Candidate Last Name First Name M.I.
LAJOYE-YOUNG MICHELLE T

4a. Office Sought Including District # or Community Served (If applicable)
SHERIFF, KENT COUNTY

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

5. Committee's Mailing Address
**6989 CAMPAU LAKE DR
ALTO, MI 49302**

Area Code and Phone (616) 554-3823
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
**RANDALL S DEBRUINE
2999 COOK'S CREEK DR NE
GRAND RAPIDS, MI 49525**

Area Code & Phone (616) 805-3628

7. Treasurer's Business Address
**2999 COOK'S CREEK DR NE
GRAND RAPIDS, MI 49525**

Area Code and Phone (616) 805-3628

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

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

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 01/30/2024

Candidate _____ / _____
Type or Print Name Signature

Submitted electronically, signature on file Date 01/30/2024



1. Committee I.D. Number 129350

2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>94,478.39</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>94,478.39</u>	(18.) \$ <u>116,178.39</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>94,478.39</u>	(20.) \$ <u>116,178.39</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>613.16</u>	(21.) \$ <u>613.16</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>1,355.97</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>1,355.97</u>	(23.) \$ <u>7,926.25</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>6,273.66</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>37,743.96</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>94,478.39</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>132,222.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,355.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>130,866.38</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>10/31/2023</u> Name & Address: RICHARD M DEVOS, JR. 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2023</u> Name & Address: BETSY DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2023</u> Name & Address: PAMELA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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>10/31/2023</u> Name & Address: DANIEL G DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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		

Page Subtotal **33,300.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>10/31/2023</u> Name & Address: SUZANNE C DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2023</u> Name & Address: STEVE EHMANN 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2023</u> Name & Address: DOUGLAS L DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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>10/31/2023</u> Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 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		

Page Subtotal **33,300.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>11/21/2023</u> Name & Address: SAM MOORE 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>KENT COUNTY PARKS FOUNDATION</u> Business Address <u>PO BOX 230165, GRAND RAPIDS, MI 49523</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/25/2023</u> Name & Address: TGIF VICTORY FUND PO BOX 223 GRANDVILLE, MI 49468	\$ <u>10,000.00</u>	\$ <u>10,000.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: JAMES C BECKERING 7915 LORAL PINES DR SE ADA, MI 49301	\$ <u>40.82</u>	\$ <u>40.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>PIONEER CONSTRUCTION</u> Business Address <u>7915 LORAL PINES DR SE, ADA, MI 49301</u> Type of Contribution: <input 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>11/30/2023</u> Name & Address: JENNIFER PAUGH-MACOMBER 1725 BLAIR ST LANSING, MI 48910	\$ <u>5.21</u>	\$ <u>5.21</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MIAT COLLEGE</u> Business Address <u>2955 S HAGGERTY RD, CANTON, MI 48188</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **10,150.13**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: DALE POSTHUMUS 2905 CALVERTON BLVD SILVER SPRING, MD 20904	\$ <u>10.41</u>	\$ <u>10.41</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/01/2023</u> Name & Address: DOUG KOOPMAN 1909 OBSERVATORY AVE SE GRAND RAPIDS, MI 49546	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/02/2023</u> Name & Address: JAKE DAVENPORT 527 N LAFAYETTE ST SE LOWELL, MI 49331	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRICT REPRESENTATIVE</u> Employer <u>US HOUSE OF REPRESENTATIVES</u> Business Address <u>8990 N RODGERS CT SE, CALEDONIA, MI 49316</u> Type of Contribution: <input 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>12/04/2023</u> Name & Address: KATIE DEBOER 7210 RAMSDELL DR NE ROCKFORD, MI 49341	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 72.05

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/2023</u> Name & Address: PHIL YEITER 3140 WOODSBORO DR NE GRAND RAPIDS, MI 49525	\$ 104.10	\$ 104.10
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT RELATED</u> Employer <u>COREWELL HEALTH</u> Business Address <u>1231 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input 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>12/07/2023</u> Name & Address: DAVID LEONARD 6383 REDINGTON DR SE ADA, MI 49301	\$ 20.82	\$ 20.82
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF LEGAL OFFICER</u> Employer <u>COREWELL HEALTH</u> Business Address <u>6383 REDINGTON DR SE, ADA, MI 49301</u> Type of Contribution: <input 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>12/08/2023</u> Name & Address: CHRIS AFENDOULIS 240 EDGEHILL DR SE GRAND RAPIDS, MI 49546	\$ 104.10	\$ 104.10
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>KENONA INDUSTRIES</u> Business Address <u>3044 WILSON DR NW, GRAND RAPIDS, MI 49534</u> Type of Contribution: <input 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>12/08/2023</u> Name & Address: DAVID BILARDELLO 2409 SANTA MONICA ST SE EAST GRAND RAPIDS, MI 49506	\$ 20.82	\$ 20.82
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **249.84**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/08/2023</u> Name & Address: WILLIAM BRENNAN 4120 E GABLES CT NE GRAND RAPIDS, MI 49525	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRENNAN LEGAL CONSULTING PLC</u> Business Address <u>4120 E GABLES CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input 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>12/08/2023</u> Name & Address: JON CHULSKI 6280 TIMPSON AVE SE ALTO, MI 49302	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ADVANCED CAMPAIGN TECHNOLOGIES</u> Business Address <u>6280 TIMPSON AVE SE, ALTO, MI 49302</u> Type of Contribution: <input 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>12/08/2023</u> Name & Address: MARK HESSLER 2223 ESTELLE DR SE GRAND RAPIDS, MI 49506	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input 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>12/08/2023</u> Name & Address: DEBBIE KUZDAL 5559 KOSTER DR SW WYOMING, MI 49418	\$ <u>10.41</u>	\$ <u>10.41</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 72.87

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

1. Committee I.D. Number 129350
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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>12/09/2023</u> Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.82</u>	\$ <u>20.82</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/09/2023</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>104.10</u>	\$ <u>104.10</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: KEITH DEN HOLLANDER 3640 BUCKINGHAM LN HUDSONVILLE, MI 49426 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>3640 BUCKINGHAM LN, HUDSONVILLE, MI 49426</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: MAGGIE LANCASTER 55 IONIA AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GRAND RAPIDS CHILDREN'S MUSEUM</u> Business Address <u>11 SHELDON AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal **164.92**

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/11/2023</u>	
Name & Address: SCOTT LANCASTER 55 IONIA AVE NW GRAND RAPIDS, MI 49503		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VENTURE CAPITALIST</u> Employer <u>4100 GROUP</u> Business Address <u>300 S WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input 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>12/11/2023</u>	
Name & Address: ANNIE LINK 12188 84TH ST SE ALTO, MI 49302		\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>SWISSLANE FARMS</u> Business Address <u>12877 84TH ST SE, ALTO, MI 49302</u> Type of Contribution: <input 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>12/11/2023</u>	
Name & Address: DICK POSTHUMUS 10550 W HOLLAND LAKE RD GREENVILLE, MI 48838		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/12/2023</u>	
Name & Address: JACKIE BILLINGSLEY 6303 EGYPT VALLEY CT NE ADA, MI 49301		\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **81.64**

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/12/2023</u> Name & Address: DOUG DOZEMAN 1313 TRILLIUM TRAIL NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WNJ</u> Business Address <u>150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: BRANDON ERHART 86 MONROE CENTER ST NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>BBSM</u> Business Address <u>86 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: NICHOLAS PARADISO 1755 SECRETARIAT DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ADVISOR</u> Employer <u>MICHAEL BEST STRATEGIES</u> Business Address <u>1 S PINCKNEY ST, MADISON, WI 53703</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.82</u>	\$ <u>20.82</u>

Page Subtotal **160.82**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: JENNIFER MERCHANT 13500 BECKWITH DR NE LOWELL, MI 49331	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY POLICY DIRECTOR</u> Employer <u>HOUSE REPUBLICAN POLICY OFFICE</u> Business Address <u>124 N CAPITOL AVE, 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 #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: ALBERT MAJORITY FUND 30 FLAT RIVER DR SE LOWELL, MI 49331	\$ <u>20.00</u>	\$ <u>20.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: NICHOLAS AYOUB 1251 M.L.K. JR ST SE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: CURT BENSON 411 MORRIS AVE SE GRAND RAPIDS, MI 49503	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **160.00**

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: JASE BOLGER 623 WATERSTONE DR NORTON SHORES, MI 49441	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/13/2023</u> Name & Address: EMILY BRIEVE 7438 MISSOULA DR SE CALEDONIA, MI 49316	\$ <u>20.82</u>	\$ <u>120.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>FASTOOL INC</u> Business Address <u>1197 ELECTRIC AVE, WAYLAND, MI 49348</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: DAN BURRILL 2879 BARCROFT DR SW WYOMING, MI 49418	\$ <u>208.20</u>	\$ <u>458.20</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER REALTOR</u> Employer <u>SOUTHWOOD LLC</u> Business Address <u>4565 WILSON AVE SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: JEFF DELONGCHAMP 4615 DANVERS DR SE KENTWOOD, MI 49512	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MILLER CONSULTING</u> Business Address <u>4615 DANVERS DR SE, KENTWOOD, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **349.02**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: DAVE DISHAW 2272 PALM DALE DR SW WYOMING, MI 49519	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/13/2023</u> Name & Address: JENNIFER FABER 2442 FLETCHER DR NE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>61ST DISTRICT COURT</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: KEVIN FISK 12182 18 MILE RD GOWEN, MI 49326	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/13/2023</u> Name & Address: MARC GESINK 635 HOYT ST SE GRAND RAPIDS, MI 49507	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GEOLOGIST</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **130.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: NATE GILLESPIE 201 MICHIGAN ST NW GRAND RAPIDS, MI 49503	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTMENTS</u> Employer <u>AUXO INVESTMENT PARTNERS</u> Business Address <u>38 COMMERCE AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: CHRIS GLASS 819 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AREA VICE PRESIDENT</u> Employer <u>GALLAGHER</u> Business Address <u>300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: DAVID HAMM 1530 ANDOVER RD SE EAST GRAND RAPIDS, MI 49506	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/13/2023</u> Name & Address: JAMES HAVEMAN 2656 NORWAY MAPLE CT KENTWOOD, MI 49512	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 70.00

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: DAVE HILDENBRAND 2700 TIMPSON AVE SE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>KELLEY CAWTHORNE</u> Business Address <u>208 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.82</u>	\$ <u>20.82</u>
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: HORSEPOWER PAC 1731 BLUE GRASS RD LANSING, MI 48906 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: RICHARD HOUSKAMP 838 ALEDA CT SE GRAND RAPIDS, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>NEURAL PLANET</u> Business Address <u>2450 44TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>220.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: BRIAN KOLESAR 4221 DEL MAR VILLAGE DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS DEVELOPMENT</u> Employer <u>HELLO 50, LLC</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>15.00</u>

Page Subtotal **155.82**

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

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/13/2023</u> Name & Address: DENISE KOLESAR 4221 DEL MAR VILLAGE DR SW WYOMING, MI 49418	\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/13/2023</u> Name & Address: DANIEL KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503	\$ <u>30.82</u>	\$ <u>130.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>STATE FARM</u> Business Address <u>3219 EASTERN AVE SE, GRAND RAPIDS, MI 49548</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: HEATHER LOMBARDINI 106 W ALLEGAN ST LANSING, MI 48933	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>BRIGHT SPARK STRATEGIES</u> Business Address <u>106 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input 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>12/13/2023</u> Name & Address: RUSTY MERCHANT 13500 BECKWITH DR NE LOWELL, MI 49331	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>MCCALVEY MERCHANT & ASSOCIATES</u> Business Address <u>120 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **165.82**

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

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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>12/13/2023</u> Name & Address: KELLY MITCHELL 5915 CASTLE BROOK AVE SE KENTWOOD, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5915 CASTLE BROOK AVE SE, KENTWOOD, MI 49508</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JON NUNN 143 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: CHARLES SECCHIA 5101 SPRING RIDGE DRIVE NE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SIBSCO, LLC</u> Business Address <u>220 LYON ST NE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JOYCE SMITH 2563 PINE DUNES DR SW WYOMING, MI 49418 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal 2,060.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: VERHEULEN LEADERSHIP FUND PAC 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>230.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JOHN WETZEL 3854 CRYSTAL ST SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>PURE POS, INC.</u> Business Address <u>3854 CRYSTAL ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/14/2023</u> Name & Address: TISH LOFTIS 1623 SPRINGWIND DR SW BYRON CENTER, MI 49315 5. If over \$100.00 cumulative, please provide: Occupation <u>FA</u> Employer <u>AMWAY</u> Business Address <u>5410 44TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>52.05</u>	\$ <u>52.05</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/16/2023</u> Name & Address: ROBERT SMITH 2845 BURTON ST SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALLIANCE BEVERAGE</u> Business Address <u>4190 60TH ST SE, KENTWOOD, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>10.41</u>	\$ <u>10.41</u>

Page Subtotal **112.46**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/20/2023</u> Name & Address: PATRICIA AYARS 3604 FULTON ST E GRAND RAPIDS, MI 49546	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/20/2023</u> Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/20/2023</u> Name & Address: JOHN DARLINE 35 PORTER HILLS DR SE GRAND RAPIDS, MI 49546	\$ <u>20.00</u>	\$ <u>20.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: HOLLY DEGENNARO 1121 EDISON AVE NW GRAND RAPIDS, MI 49504	\$ <u>10.00</u>	\$ <u>10.00</u>
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 checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **250.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/20/2023</u> Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301	\$ <u>20.00</u>	\$ <u>40.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input 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>12/20/2023</u> Name & Address: MICHAEL DEVRIES 3632 MONARCH DR NE GRAND RAPIDS, MI 49525	\$ <u>40.00</u>	\$ <u>40.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: KIM GARY 7635 LUCA VISTA DR ROCKFORD, MI 49341	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/20/2023</u> Name & Address: AREND LUBBERS 3761 COOK VALLEY BLVD SE GRAND RAPIDS, MI 49546	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **100.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/20/2023</u> Name & Address: SUSAN MCCARTHY 1440 EDGEWOOD AVE SE EAST GRAND RAPIDS, MI 49506	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/20/2023</u> Name & Address: THOMAS MOERDYK 6516 LEISURE CREEK DR SE CALEDONIA, MI 49316	\$ <u>5.00</u>	\$ <u>5.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JANE OWEN 9580 68TH ST SE ALTO, MI 49302	\$ <u>20.00</u>	\$ <u>20.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: MICHAEL POWERS 1965 15 MILE RD NE SPARTA, MI 49345	\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **115.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/20/2023</u> Name & Address: GEORGE PULASKI 1946 CROSS BEND ST NE GRAND RAPIDS, MI 49505	\$ <u>3.00</u>	\$ <u>3.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: ELAINE RONGEY 2263 EL DORADO DR SE EAST GRAND RAPIDS, MI 49506	\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: CARL VERBEEK 2775 WHITEBUD ROAD KENTWOOD, MI 49512	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM</u> Business Address <u>333 BRIDGE ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input 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>12/20/2023</u> Name & Address: RANDY WILCOX 13089 68TH ST SE ALTO, MI 49302	\$ <u>5.00</u>	\$ <u>5.00</u>
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 checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **128.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/20/2023</u> Name & Address: MIKE ELLIS 2090 STICKLEY DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>ELLIS PARKING</u> Business Address <u>40 PEARL ST NW, SUITE 824, 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	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/25/2023</u> Name & Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>4150 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>

Page Subtotal **8,000.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/26/2023</u> Name & Address: ALAN ABRAHAM 7841 WHITBURN DR SE ADA, MI 49301	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/26/2023</u> Name & Address: PHILLIP BALKEMA 1541 PONTIAC RD SE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>12/26/2023</u> Name & Address: WILLIAM BUCHANAN 3279 WILDRIDGE DR NE GRAND RAPIDS, MI 49525	\$ <u>10.00</u>	\$ <u>10.00</u>
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 checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: J.C. HUIZENGA 1551 BRIARCLIFF DR SE GRAND RAPIDS, MI 49546	\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3775 36TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **430.00**

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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/26/2023</u> Name & Address: GREGORY MADURA 4655 WESTGATE AVE NW COMSTOCK PARK, MI 49321 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: MONTE REINERT 1053 SAN JOSE DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: DONNA SCHMIDT 9340 LAKE GERALD DR SPARTA, MI 49345 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>DLS SERVICING</u> Business Address <u>5025 PLAINFIELD AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: DONALD STORTEBOOM 7160 WILKINSON DR NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>

Page Subtotal **120.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/26/2023</u> Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301	\$ <u>1,000.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>STAR TRUCK RENTALS</u> Business Address <u>3940 EASTERN AVE SE, WYOMING, 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>12/27/2023</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301	\$ <u>2,000.00</u>	\$ <u>2,104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/28/2023</u> Name & Address: MARK BISSELL 2840 PIONEER CLUB RD SE EAST GRAND RAPIDS, MI 49506	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BISSELL</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</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>12/29/2023</u> Name & Address: WILLIAM BRENNAN 4120 E GABLES CT NE GRAND RAPIDS, MI 49525	\$ <u>80.00</u>	\$ <u>100.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRENNAN LEGAL CONSULTING PLC</u> Business Address <u>4120 E GABLES CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **4,080.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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>12/29/2023</u> Name & Address: JOHN LOWERY 3188 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>APPLIED IMAGING</u> Business Address <u>5555 GLENWOOD HILLS PKWY SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input 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>12/29/2023</u> Name & Address: KAREN DEBLAAY PO BOX 318 ADA, MI 49301	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>FL HANSEN CORP</u> Business Address <u>7159 THORNAPPLE RIVER DR SE, ADA, MI 49301</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>12/29/2023</u> Name & Address: GERALD DEBLAAY PO BOX 318 ADA, MI 49301	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>FL HANSEN CORP</u> Business Address <u>7159 THORNAPPLE RIVER DR SE, ADA, MI 49301</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 _____ 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		

[Click Here for Memo Itemization](#)

Page Subtotal **500.00**

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

94,478.39

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129350

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

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: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>FUNDRAISER SPACE</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: GRAND RAPIDS CHAMBER OF COMMERCE 250 MONROE AVE NW, GRAND RAPIDS, MI 49503	\$ <u>30.00</u>	\$ <u>30.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHARLES SECCHIA 5101 SPRING RIDGE DR NE ADA, MI 49301 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>TABLE RENTAL</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: SPECIAL OCCASIONS 850 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	\$ <u>70.38</u>	\$ <u>570.38</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHARLES SECCHIA 5101 SPRING RIDGE DR NE ADA, MI 49301 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>FOOD/BEVERAGES</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: KITCHEN 67 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525	\$ <u>512.78</u>	\$ <u>1,083.16</u>

Page Subtotal **613.16** **1,113.16**

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) **613.16**

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name 52ND STREET SELF STORAGE, LLC Address 3535 44TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: <u>SELF-STORAGE UNIT RENTAL - NOVEMBER 2023</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2023</u> Date	\$ <u>69.00</u>
Expenditure #2 Name 52ND STREET SELF STORAGE, LLC Address 3535 44TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: <u>SELF-STORAGE UNIT RENTAL - DECEMBER 2023</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/03/2023</u> Date	\$ <u>69.00</u>
Expenditure #3 Name COUNTY OF KENT Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>SHERIFF FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/07/2023</u> Date	\$ <u>100.00</u>
Expenditure #4 Name MICHELLE LAJOYE-YOUNG Address 6989 CAMPAU LAKE DR SE ALTO, MI 49302 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT FOR MEETING</u> Memo Itemization Below <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/13/2023</u> Date	\$ <u>87.43</u>
Expenditure #5 Name BRANN'S STEAKHOUSE Address 401 LEONARD ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: <u>LUNCH MEETING</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/13/2023</u> Date	\$ <u>(87.43)</u>

Subtotal this page **325.43**
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 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RIGHT STRATEGIES, LLC Address 2153 WEALTHY ST SE SUITE 166 EAST GRAND RAPIDS, MI 49506 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>MAIL PROCESSING AND POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/19/2023</u> Date	\$ <u>923.00</u>
Expenditure #2 Name NETWORK SOLUTIONS Address 13861 SUNRISE VALLEY DR HERNDON, VA 20171 <input type="checkbox"/> Fund Raiser	Purpose: <u>DOMAIN AND WEBSITE HOSTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/2023</u> Date	\$ <u>42.99</u>
Expenditure #3 Name WINRED PROCESSING Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/31/2023</u> Date	\$ <u>64.55</u>
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 Click Here for Memo Itemization Type	_____ 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 Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **1,030.54**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,355.97**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129350
2. Committee Name COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>12/13/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity <u>KENT COUNTYWIDE 5 JOINT FUNDRAISER</u>	6. Address and Name (If any) of the place where the activity was held. <u>GRAND RAPIDS CHAMBER OF COMMERCE 250 MONROE AVE NW GRAND RAPIDS, MI 49503</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 26,891.99
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 26,891.99
10. Total Cost of Event 8,003.55
(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 (%)
<u>LISA POSTHUMUS LYONS FOR COUNTY CLERK</u>	<u>20</u>	<u>20</u>
<u>COMMITTEE TO KEEP SHERIFF MICHELLE LAJOYE-YI</u>	<u>20</u>	<u>20</u>
<u>COMMITTEE TO ELECT PETER MACGREGOR</u>	<u>20</u>	<u>20</u>
<u>COMMITTEE TO ELECT CHRIS BECKER</u>	<u>20</u>	<u>20</u>
<u>COMMITTEE TO ELECT KEN YONKER FOR KC DRAIN C</u>	<u>20</u>	<u>20</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.