						1	
) inner (EPARTMENT OF STAT	Ē		FILED 31 JAN 2024 PM	04-00		
Bonene				ST JAN 2024 PIVI	04.00		
-	ATE COMMITT	EE		KENT COUNTY CLE GRAND RAPIDS, MICI		FOR OFFIC	IAL USE ONLY
Report must be legible, type the treasurer (or designated	ed or printed in ink and d record keeper) and ca	signed by indidate.	3. 1	his Statement covers From	[:] 10/21	1/2023 _{to} 1	2/31/2023
1. Committee I.D. Number			4.	Candidate Last Name		First Name	M.I.
20200031				MACGREGOR PETER			
2. Committee Name				ta. Office Sought Including District # or Community Served (If applicable)			
			TF	TREASURER, KENT COUNTY			
COMMITTEE TO ELE		AREGOR	4b. County of Residence KENT COUNTY				
5. Committee's Mailing Addre	ess		6.	Freasurer's Name & Reside	ntial Addr	ess	
8209 VISTA ROYA ROCKFORD, MI 49			82	HRISTINE MACGE 09 VISTA ROYAL DCKFORD, MI 493	ELNI		
Area Code and Phone (61	6) 581-2025						
If the address in this box is di mailing address on the State be sent to this address by the	ifferent from the commi ment of Organization, r		Are	a Code & Phone (616) \$	581-21	15	
7. Treasurer's Business Add	ress			8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
8209 VISTA ROYA	LE LN NE			LEN KLETZA			
ROCKFORD, MI 49	9341		8209 VISTA ROYALE LN NE				
			ROCKFORD, MI 49341				
				,			
Area Code and Phone (61	6) 581-2115		Are	ea Code and Phone (51)	7) 267-	9012	
9. TYPE OF STATEMENT					9e. Dis	solution of Candida	ate Committee
9a. Pre-Election OR	9b. Post-Election	Required ONI is not on the b			Ву	checking this item I/V	Ve certify any outstanding debt
Pre-Election or Post-Election	Statement relates to:	current year:	r:		by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from		•
Primary		July Quarte	erly		the com		ee has no oustanding assets,
		October Qu	Jarte	erly			, ,
						if the dissolution can ed a request for the I	not be granted, that this be Reporting Waiver.
Special		96 57		tamant (0000)			
			1 518	tement (<u>2023</u>) Coverage Year		Effective date of dis	ssolution
		9d Amend	mer	t to Campaign Statement			
				tem 9a, 9b , 9c or 9e to ch Statement is being			dual funds must be reported on
		amende	ed.)	-	Schedul	e 1B and the Summa	ary Page.
Date of Election, Convent	ion or Caucus						
10 Verification: I/We cortify th	hat all reasonable dilig	ance was used in	n th	nreparation of this statem	ant and at	ttached schedulos (if	any) and to the best of
	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			,			Submitted electronically, signature on file	01/31/2024
Designated Record keeper	Type or Print Name		/	Signature		Date	
						Submitted electronically,	01/21/2024
Candidate	.		/		S	signature on file Date	01/31/2024
	Type or Print Name			Signature			



1. Committee I.D. Number 20200031

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 121,893.39	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 121,893.39	(18.) \$ 146,555.43
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 18.94
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 121,893.39	(20.) \$ 146,574.37
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 613.16	(21.) \$ 613.16
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4,098.69	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
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.) \$ 4,098.69	(23.) \$ 16,983.38
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)		(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations	1 500 00	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 1,500.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	· ·
13. Ending Balance of last report filed	(13.) \$ 6,490.15	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$_121,893.39	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_128,383.54	_
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ 4,098.69	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 124,284.85	*
	(11.)	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDIII Ε 1Δ 1. Committee I.D. Number	20200031	
		FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/24/2023 Name & Address: JOHN WETZEL 3854 CRYSTAL ST SW 10/24/2023 3854 CRYSTAL ST SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: 0ccupation BUSINESS OWNER Employer PURE POS INC. Business Address 3854 CRYSTAL ST SW, GRANDVILLE, MI 49418 Type of Contribution: Direct Loan from a person Fund Raiser	<u>\$100.00</u>	\$ 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/24/2023 Name & Address ALONA KOFFLER 4641 THORNBERRY HILL CT NE 4641 THORNBERRY HILL CT NE GRAND RAPIDS TWP, MI 49525 5. If over \$100.00 cumulative, please provide: Employer RETIRED Occupation RETIRED Employer Fund Raiser Business Address RETIRED, RETIRED, MI 00000 Fund Raiser	<u>\$150.00</u>	<u>\$ 150.00</u>
3. Contribution # 3 PAC Receipt? Name & Address: STAMAS LEADERSHIP PAC 1731 BLUE GRASS RD LANSING, MI 48906 5. If over \$100.00 cumulative, please provide:	<u>\$500.00</u>	<u>\$ 500.00</u>
Occupation Employer Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/27/2023 Name & Address LUCAS MIDDLETON 2336 WESTCHESTER LN KALAMAZOO, MI 49008	_{\$} 1,000.00	<u></u>
5. If over \$100.00 cumulative, please provide: Occupation_ATTORNEY Employer Business Address 2336 WESTCHESTER LN, KALAMAZOO, MI 49008 Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page <u>1</u> of <u>38</u>	1,750.00 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		20200031	
SCHEDULE 1A CANDIDATE COMMITTEE	1. Committee I.D. Number _ 2. Committee Name		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: PETER FEX 3767 BLACKHAWK DR SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation IT MANAGER Employer RDV CORP Business Address 200 MONROE AVE NE, GRAND RAF		<u><u></u>150.00</u>	date of receipt)
	t <u>10/30/2023</u>	_{\$} 1,000.00	_{\$} _1,000.00
5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer TITLE CHEC Business Address PO BOX 51427, KALAMAZOO, MI 4 Type of Contribution: Direct Loan from a person			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: RAMI HADDAD 55 OTTAWA AVE SW GRAND RAPIDS, MI 49503	ot <u>10/31/2023</u>	<u>\$500.00</u>	<u>\$500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Business Address 55 OTTAWA AVE SW, GRAND RAPIDS Type of Contribution: Direct			
3. Contribution # 4 PAC Receipt? YES 4. Date of Received Name & Address LANCE WERNER 538 SHAW ESTATES DR NE ROCKFORD, MI 49341	pt <u>11/01/2023</u>	<u>\$100.00</u>	<u></u> 100.00
5. If over \$100.00 cumulative, please provide:			
Business Address 814 W RIVER CENTER DR NE, COMSTOC	Fund Raiser		
Type of Contribution: Direct Loan from a person	Page Subtotal	1,750.00	
	nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	j

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
	20200031	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name		F PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address: SCOTT HOPE 4020 SOMERS DR 11/02/2023 4020 SOMERS DR BURTON, MI 48529 5. If over \$100.00 cumulative, please provide: ALLEN HOPE PROPERTY MANAGEMENT Occupation LAND INSPECTOR Employer ALLEN HOPE PROPERTY MANAGEMENT Business Address 4020 SOMERS DR, BURTON, MI 48529 Fund Raiser	<u>\$500.00</u>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>11/02/2023</u> Name & Address DAVID COUGHLIN 7010 VERDE VISTA DR NE ROCKFORD, MI 49341	<u>\$250.00</u>	<u>\$</u> 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address RETIRED, RETIRED, MI 00000 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: BALAJI SATAGOPAN 865 KIRTS BLVD TROY, MI 48084	_ <u>\$100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation SUPPLY CHAIN Employer STEELCASE Business Address 820 MONROE AVE 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 11/02/2023 Name & Address MARTIN ANDERSON 4380 20 MILE RD KENT CITY, MI 49330	_{\$} 150.00	<u>150.00 </u>
5. If over \$100.00 cumulative, please provide: Occupation INSURANCE AGENT Employer SELF-EMPLOYED 6525 AL PINE AVE NW, COMSTOCK PARK, MI 49321		
Business Address 6525 ALPINE AVE NW, COMSTOCK PARK, MI 49321 Type of Contribution: Direct Loan from a person Image: Fund Raiser		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	Λ	-

Page	3	of	38
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS	LD Number 20200031
SCHEDULE 1A 1. Committee	I.D. NumberCOMMITTEE TO ELECT PETER MACGREGOR
CANDIDATE COMMITTEE 2. Committee	
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indepe Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/20 Name & Address: JOANNE ZWARENSTEYN 3633 COOK VALLEY BLVD SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation Employer	<u>\$40.00</u> \$40.00
Business Address	
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>11/02/20</u> Name & Address MATTHEW VAN ZETTEN 56 W 18TH ST HOLLAND, MI 49423 5. If over \$100.00 cumulative, please provide: 	<u>100.00 § 100.00 § 100.00</u>
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/02/20 Name & Address: DAVID SHIELDS 729 RIDGECLIFF DR FLORENCE, AL 35634	<u>100.00</u> <u>100.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
3. Contribution # 4 PAC Receipt? VES 4. Date of Receipt 11/02/20 Name & Address VERHEULEN LEADERSHIP FUND 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534	023 <u>100.00</u> <u>100.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
	Page Subtotal 340.00
Grand Total of All S	
(Complete on last page	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	20200031	
	MMITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address: STEVE ORCHARD 11223 BECKER CREEK CT NE 11223 BECKER CREEK CT NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: 0ccupation Employer Business Address	<u></u> 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>11/02/2023</u> Name & Address KEVIN FISK 12182 18 MILE RD GOWEN, MI 49326 5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS Employer</u> LKQ CORPORATION Business Address <u>12182 18 MILE RD, GOWEN, MI 49326</u>	<u>\$ 100.00</u>	<u>\$</u> 100.00
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address: BOBBY TSIRONIS 340 QUAIL RIDGE DR NE ADA, MI 49301 1 5. If over \$100.00 cumulative, please provide: Occupation FINANCIAL ADVISOR Employer CENNTINIAL SECURITIES Business Address 340 QUAIL RIDGE DR NE, ADA, MI 49301 Type of Contribution: Direct Loan from a person Fund Raiser	<u>\$250.00</u>	<u>\$250.00</u>
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 4 PAC Receipt? ✓ YES 4. Date of Receipt 11/02/2023 Name & Address MILLER CANFIELD PAC 150 W JEFFERSON AVE STE 2500 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation Employer	<u>\$250.00</u>	<u>\$</u> 250.00
Business Address Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	700.00	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Nun	nber 20200031	
	COMMITTEE TO ELECT	PETER MACGREGOR
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.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW 50 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation Employer		<u>\$ 500.00</u>
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution #2 PAC Receipt? ✓ YES 4. Date of Receipt 11/02/2023 Name & Address DICKINSON WRIGHT PLLC PAC 2600 W BIG BEAVER RD 5. If over \$100.00 cumulative, please provide: 5. If over \$100.00 cumulative, please provide:	<u>\$500.00</u>	<u>\$ 500.00</u>
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: JC HUIZENGA 3755 36TH ST SE STE 100 GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation FOUNDER Employer HUIZENGA GROUP	<u></u> \$1,000.00	<u></u> 1,000.00
Business Address 3755 36TH ST SE, GRAND RAPIDS, MI 49512	- -	
Type of Contribution: Direct Loan from a person Image: Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address DANIEL HIBMA 1701 PORTER ST SW STE 6 WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide:		_{\$} 8,325.00
Occupation REAL ESTATE AGENT Employer LAND		
Business Address 1701 PORTER ST SW, STE 6, WYOMING, MI 49519	-	
Type of Contribution: Direct Loan from a person V Fund Raiser Page Sul	btotal 10,325.00	
Grand Total of All Schedule (Complete on last page of Sche Pageof	es 1A	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
CANDIDATE COMMITTEE	-	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.	iter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: JOSEPH CURTIS JOSEPH CURTIS 18100 HOLCOMB RD GRAND HAVEN, MI 49417 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer REFRAME Business Address 18100 HOLCOMB RD, GRAND HAV Type of Contribution: ✓ Direct	<u>11/03/2023</u> /EN, MI 49417 Fund Raiser	<u>\$ 100.00</u>	\$ 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address MANDY BOLTER 2097 STEKETEE WOODS LN SE GRAND RAPIDS, MI 49546	11/03/2023	<u>\$100.00</u>	<u></u> 100.00
5. If over \$100.00 cumulative, please provide: Occupation ADVOCATE Business Address 124 W ALLEGAN ST, LANSING, MI Type of Contribution: Direct	48933 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: BEN GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525	t <u>11/03/2023</u>	<u>\$100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Business Address 300 MONROE AVE NW, GRAND RAPID Type of Contribution: ✓ Direct			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address EDWAD NAUSIEDA 40 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	ot 11/03/2023	_{\$} 250.00	<u></u> 250.00
5. If over \$100.00 cumulative, please provide: Occupation_PRESIDENT Employer Business Address 345 RIDERS TRAIL NE, ADA, MI Type of Contribution: ✓ Direct			
	Page Subtotal nd Total of All Schedules 1A te on last page of Schedule)	550.00 Enter this total on line 3a of Summary	

Page /	_ _{of} _3	8
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	20200031	
SCHEDULE 1A 1. Committee I.D. Number CANDIDATE COMMITTEE 2. Committee Name		PETER MACGREGOR
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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address: JESSICE GUTOWSKI SLAYDON 5. 8662 KITSON DR NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer SWIFT REALTY Business Address 6862 KITSON DR NE, ROCKFORD, MI 49341 Type of Contribution: Image: Direct Loan from a person Fund Raiser	- <u>100.00</u>	<u>date of receipt)</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/2023		
Name & Address PETER SETTERINGTON 5189 BROWNSTONE DR NE ROCKFORD, MI 49341	<u>\$250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation CHEF Employer SELF-EMPLOYED		
Business Address 5189 BROWNSTONE DR NE, ROCKFORD, MI 49341		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: RICHARD DEVOS JR. 200 MONROE AVE NW GRAND RAPIDS, MI 49503	<u>\$ 8,325.00</u>	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer THE WINDQUEST GROUP Business Address 201 MONROE AVE 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 11/03/2023 Name & Address DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 8,325.00	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer D.P. FOX		
Business Address 126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	-	
Page Subtota	al 17,000.00	-
Grand Total of All Schedules 1 (Complete on last page of Schedule		
Page 8 of 38	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDIII Ε 1Δ 1. Committee I.D. Number	20200031	
		FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address: PAMELLA DEVOS 200 MONROE AVE NW 11/03/2023 200 MONROE AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer SELF Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person ✓ S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address SUZANNE CHERYL DEVOS 200 MONROE AVE NW 11/03/2023		§ 8,325.00
GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer SELF Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503	<u>\$_0,020.00</u>	<u>\$ 0,020.00</u>
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: DOUGLAS DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 8,325.00	<u>\$ 8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation Executive Business Address 126 OTTAWA AVE 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 11/03/2023 Name & Address MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 8,325.00	_{\$} 8,325.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer SELF		
Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 9 of 38	00,000.00	_

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		20200031	
SCHEDULE 1A	1. Committee I.D. Number _		PETER MACGREGOR
CANDIDATE COMMITTEE	2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Received Name & Address:	pt 11/03/2023		
BETSY DEVOS			
200 MONROE AVE NW		8 325 00	_{\$} 8,325.00
GRAND RAPIDS, MI 49503		<u>\$</u> 0,020.00	<u>\$ 0,020.00</u>
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer WINDQUE	ST GROUP		
Occupation <u>CEO</u> Employer WINDQUE Business Address <u>126 OTTAWA AVE SW, GRAND RA</u>			
	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Recei Name & Address	ot 11/03/2023		
STEVE EHMANN			
		_{\$} 8,325.00	<u>\$ 8,325.00</u>
GRAND RAPIDS, MI 49503			
5. If over \$100.00 cumulative, please provide: Occupation CEO Employer PROFILE FIL	MS		
Business Address 126 OTTAWA AVE SW, GRAND RA	PIDS, MI 49503		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt? Name & Address:	^{ipt} 11/06/2023		
MIKE VANGESSEL		100.00	
7740 CARY ST NE		<u>\$100.00</u>	_{\$} 100.00
ROCKFORD, MI 49341			
5. If over \$100.00 cumulative, please provide:			
Occupation CEO Employer ROCKFORD			
Business Address 601 FIRST ST NW, GRAND RAPIDS, M			
Type of Contribution: Image: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt?	pipt 11/06/2023		
JOHN JONES			
3192 DOBIE RD MASON, MI 48854		_{\$} 250.00	_{250.00} پ
			Ψ
5. If over \$100.00 cumulative, please provide:			
	CHRISTIAN SCHOOL		
Business Address 3192 DOBIE RD, MASON, MI 48	854		
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
	Page Subtotal	17,000.00	
	and Total of All Schedules 1A lete on last page of Schedule)		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number _	20200031	
CANDIDATE COMMITTEE	2. Committee Name	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: PAUL HILLEGONDS 334 TIMBERLAKE DR W HOLLAND, MI 49424 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address RETIRED, RETIRED, MI 00000 Type of Contribution: Direct Loan from a person	t <u>11/07/2023</u> Fund Raiser	<u>\$ 100.00</u>	<u></u> 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receip Name & Address ALEX SMICH 432 DALEBROOK LN BLOOMFIELD HILLS, MI 48301 5. If over \$100.00 cumulative, please provide:	t <u>11/09/2023</u>	<u></u> \$100.00	<u></u> 100.00
Occupation REAL ESTATE AGENT Employer PAYTON RIL Business Address 432 DALEBROOK LN, BLOOMFIELD H	HILLS, MI 48301		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: FRIENDS OF BRYAN POSTHUMUS 106 W ALLEGAN ST STE 200 LANSING, MI 48933 5. If over \$100.00 cumulative, please provide:	ot <u>11/10/2023</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Rece Name & Address SAM MOORE 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	ipt <u>11/13/2023</u>	<u>100.00</u>	<u>100.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation EXECUTIVE Employer KENT CO	UNTY PARKS		
Business Address 960 OAKLEIGH AVE NW, GRAND RA	PIDS, MI 49504		
Type of Contribution: Direct Loan from a person	Fund Raiser		
(Compl	Page Subtotal and Total of All Schedules 1A ete on last page of Schedule)	400.00 Enter this total on	
11 38		line 3a of Summary	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
	=	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Committe (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: WILLIAM MCGEE 7775 SPRING POINT CT NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation BANKER Employer HUNTINGT Business Address 7775 SPRING POINT CT NE, ROCKF Type of Contribution: Direct Loan from a person	ORD, MI 49341 Fund Raiser 11/14/2023	\$ <u>500.00</u>	\$ 500.00 \$ 500.00
Occupation BUSINESS OWNEREmployer CELL LWILL Business Address 5057 GRAND RIVER DR NE, GRAND RA Type of Contribution: Direct Loan from a person			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: TGIF VICTORY FUND PO BOX 223 GRANDVILLE, MI 49468	ot <u>11/16/2023</u>	_{\$} 10,000.00	_{\$} 10,000.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Recei Name & Address JOHN CHATAS 3028 WHITE PINE DR NORTHBROOK, IL 60062	pt <u>11/16/2023</u>	_{\$} 100.00	<u></u>
5. If over \$100.00 cumulative, please provide: Occupation PRINCIPAL Employer EVERSAN	IA		
Business Address 770 RIVERSIDE AVE, STE 204, ADE			
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser Page Subtotal	11,100.00	
	nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.I	D. Number20200031
CANDIDATE COMMITTEE 2. Committee N	AameCOMMITTEE TO ELECT PETER MACGREGO
Enter contributor's name and address. If contribution is from an individual, enter last name, fir middle initial. Check box to indicate if contribution is from a Political Committee or an Indepen Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/21/202 Name & Address: SAM MOORE 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Business Address PO BOX 230165, GRAND RAPIDS, MI 49523 Type of Contribution: Direct Loan from a person	23 <u>\$104.10</u> <u>\$204.10</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/30/202 Name & Address TRACIE RIEBSCHLEGER 5333 13 MILE RD NE 11/30/202 5. If over \$100.00 cumulative, please provide: 0ccupation Employer Employer Business Address Employer Employer Employer	<u>100.00</u> <u>100.00</u>
Type of Contribution: 🖌 Direct 🛛 Loan from a person 🗍 Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>11/30/202</u> Name & Address: JAMES CHRIS 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 BUILDER Business Address 7915 LORAL PINES DR SE, ADA, MI 49301 Type of Contribution: Direct Loan from a person Fund Raiser	<u>TION</u>
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/30/202 Name & Address JENNIFER PAUGH-MACOMBER 1725 BLAIR ST LANSING, MI 48910	23
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	20200031	
	MMITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/30/2023 Name & Address: DALE POSTHUMUS 2905 CALVERTON BLVD SILVER SPRING, MD 20904 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser	<u>10.41</u>	<u></u> 10.41
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/01/2023</u> Name & Address DOUG KOOPMAN 1909 OBSERVATORY AVE SE GRAND RAPIDS, MI 49546	<u>\$</u> 20.82	<u>\$</u> 20.82
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/02/2023</u> Name & Address: JAKE DAVENPORT 527 N LAFAYETTE ST SE LOWELL, MI 49331	_{\$} 20.00	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/04/2023</u> Name & Address KATIE DEBOER 7210 RAMSDELL DR NE ROCKFORD, MI 49341	_{\$} 20.82	<u>\$</u> 20.82
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address 7210 RAMSDELL DR NE, ROCKFORD, MI 49341		
Business Address PLIO IN KNOD LEL DITINE, INCOMPLET Type of Contribution: Direct Loan from a person Image: Fund Raiser		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDIII Ε 1Δ 1. Committee I.D. Number	20200031	
		FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/05/2023 Name & Address: PHIL YEITER 3140 WOODSBORO DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation GOVERNMENT RELATIONS Employer COREWELL HEALTH Business Address 1231 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct	<u></u> 104.10	<u>\$ 104.10</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/07/2023</u> Name & Address DAVID LEONARD 6383 REDINGTON DR SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide:	<u></u> \$20.82	<u>\$</u> 20.82
Occupation CHIEF LEGAL OFFICER COREWELL HEALTH Business Address 6383 REDINGTON DR SE, ADA, MI 49301 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: CHRIS AFENDOULIS 240 EDGEHILL DR SE GRAND RAPIDS, MI 49546	<u>\$104.10</u>	<u>_104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation ACCOUNTANT Employer KENONA INDUSTRIES Business Address 3044 WILSON DR NW, GRAND RAPIDS, MI 49534 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/08/2023 Name & Address DAVID BILARDELLO 2409 SANTA MONICA ST SE EAST GRAND RAPIDS, MI 49506	_{\$} 20.82	<u></u> 1,020.82
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page <u>15 of 38</u>	249.84 Enter this total on line 3a of Summary Page.	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	20200031	
SCHEDULE 1A 1. Committee I.D. Numbe	·····	F PETER MACGREGOR
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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: WILLIAM BRENNAN 4120 E GABLES CT NE	-	
GRAND RAPIDS, MI 49525	_{\$} 20.82	<u>\$20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer BRENNAN LEGAL CONSULTING		
Business Address 4120 E GABLES CT 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 <u>12/08/2023</u> Name & Address JON CHULSKI	-	
6280 TIMPSON AVE SE ALTO, MI 49302	<u>\$</u> 20.82	<u>\$ 20.82</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer ADVANCED CAMPAIGN TECHNOLOGIES		
Business Address 6280 TIMPSON AVE SE, ALTO, MI 49302		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/08/2023		
MARK HESSLER	20 02	
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 PROFESSOR Employer CALVIN UNIVERSITY		
Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/08/2023</u> Name & Address DEBBIE KUZDAL	_	
5559 KOSTER DR. SW GRANDVILLE, MI 49418	_{\$} 10.41	<u>\$ 10.41</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Subtot	^{tal} 72.87	
Grand Total of All Schedules 1 (Complete on last page of Schedul		
Pageof	Enter this total on line 3a of Summary Page.	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	20200031	
SCHEDULE 1A 1. Committee I.D. Number		F PETER MACGREGOR
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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt <u>12/09/2023</u> Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301	_{\$} 20.82	_{\$} 20.82
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person 🔽 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/09/2023</u> Name & Address JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301	<u></u> 104.10	<u>\$ 104.10</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: CHIP BOATRIGHT 7720 REALCO LN ROCKFORD, MI 49341	<u></u> \$100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/11/2023</u> Name & Address H. L. SAETTLER 1055 FOREST HILL AVE SE APT 100 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	<u>\$</u> 50.00
Occupation Employer		
Business Address		
Type of Contribution: 🖌 Direct Loan from a person Fund Raiser	1	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	_

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	20200031	
		FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/11/2023 Name & Address: KEITH DEN HOLLANDER 3640 BUCKINGHAM LN 1000000000000000000000000000000000000	<u></u> \$20.00	_{\$} 20.00
Type of Contribution: Direct Loan from a person Image: Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/11/2023		
Name & Address MAGGIE LANCASTER 55 IONIA AVE NW APT 1204 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	<u>\$20.00</u>	<u>\$ 20.00</u>
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: SCOTT LANCASTER 55 IONIA AVE NW 1204 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	<u></u> \$20.00	<u>\$ 270.00</u>
Occupation VENTURE CAPITALIST Employer 4100 GROUP		
Business Address 300 S WASHINGTON SQUARE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/11/2023</u> Name & Address ANNIE LINK 12188 84TH ST SE ALTO, MI 49302	_{\$} 20.82	<u>\$</u> 20.82
5. If over \$100.00 cumulative, please provide: Occupation FARMER Employer SWISSLANE FARMS		
Business Address 12877 841H ST SE, ALTO, IVIT 49302 Type of Contribution: Direct Loan from a person Image: Fund Raiser		
Page Subtota	^{al} 80.82	
Grand Total of All Schedules 1 (Complete on last page of Schedule		

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
	e I.D. Number20200031
CANDIDATE COMMITTEE 2. Committee	COMMITTEE TO ELECT PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/11/2 Name & Address: DICK POSTHUMUS 10550 HOLLAND LAKE RD GREENVILLE, MI 48838 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/12/20</u> Name & Address JACKIE BILLINGSLEY 6303 EGYPT VALLEY CT NE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address	<u>\$20.82</u> <u>\$20.82</u>
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	r
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/12/2</u> Name & Address: DOUG DOZEMAN 1313 TRILLIUM TRAIL NE GRAND RAPIDS, MI 49525	023 <u>\$</u> 20.00 <u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer Business Address Type of Contribution: Direct Loan from a person ✓ ✓	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/12/2</u> Name & Address BRANDON ERHART 86 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	<u>\$20.00 \$20.00</u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser	
Grand Total of All (Complete on last pag Pageof	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
CANDIDATE COMMITTEE	=	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Cccupation Occupation RETIRED Employer Business Address	12/12/2023	<u>\$100.00</u>	<u></u> \$100.00
 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 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 BES</u> Business Address <u>1 S PINCKNEY ST, MADISON, WI S</u> Type of Contribution: Direct Loan from a person <i>V</i> 		<u>\$</u> 20.82	<u>\$</u> 270.82
 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: ALBERT MAJORITY FUND 30 FLAT RIVER DR SE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: 	t <u>12/13/2023</u>	_{\$} 20.00	<u>\$</u> 20.00
Occupation Employer Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address NICHOLAS AYOUB 1251 M.L.K. JR ST SE GRAND RAPIDS, MI 49506	ot 12/13/2023	_{\$} 20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide: Occupation_JUDGE Employer Business Address 180 OTTAWA AVE NW, GRAND RAP Type of Contribution: Direct			
	Page Subtotal nd Total of All Schedules 1A te on last page of Schedule)	160.82 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	Committee I.D. Number	20200031	
		ITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter I middle initial. Check box to indicate if contribution is from a Political Committee of Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1 Name & Address: CURT BENSON 411 MORRIS AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Employer Occupation JUDGE Business Address 180 OTTAWA AVE NW, GRAND RAPID Type of Contribution: Direct	CHIGAN	<u>\$</u> 20.00	<u></u> \$20.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12 Name & Address JASE BOLGER 623 WATERSTONE DR NORTON SHORES, MI 49441	2/13/2023	_{\$} 20.00	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Business Address 623 WATERSTONE DR, MUSKEGON, Type of Contribution: Direct Loan from a person Fu			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12 Name & Address: EMILY BRIEVE 7438 MISSOULA DR SE CALEDONIA, MI 49316	2/13/2023	<u>\$</u> 20.82	<u>\$ 20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation SALES Business Address 1197 ELECTRIC AVE, WAYLAND, MI 49344 Type of Contribution: Direct Loan from a person ✓	8 und Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1 Name & Address JEFF DELONGCHAMP 4615 DANVERS DR SE GRAND RAPIDS, MI 49512	2/13/2023	<u>\$100.00</u>	<u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MILLER CON Business Address 4615 DANVERS DR SE, GRAND RAPID			
	Page Subtotal otal of All Schedules 1A n last page of Schedule)	Enter this total on line 3a of Summary	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		20200031	
	Committee I.D. Number		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee committee (PAC) Report all contributions regardless of amount.	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1 Name & Address: DAN BURRILL 2879 BARCROFT DR SW WYOMING, MI 49418	12/13/2023	<u></u> \$208.20	§ 208.20
5. If over \$100.00 cumulative, please provide: Occupation BUILDER/REALTOR Employer SOUTHWOOD Business Address 4565 WILSON AVE SW, STE 3, GRANDVIL			
	Ind Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12 Name & Address DAVE DISHAW 2272 PALM DALE DR SW WYOMING, MI 49519	2/13/2023	<u>\$50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	und Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>1</u> Name & Address: JENNIFER FABER 2442 FLETCHER DR NE GRAND RAPIDS, MI 49506	2/13/2023	_{\$} 20.00	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person 🖌 F	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1 Name & Address KEVIN FISK 12182 18 MILE RD GOWEN, MI 49326	12/13/2023	_{\$} 20.00	<u>120.00 </u>
5. If over \$100.00 cumulative, please provide:			
Occupation_GOVERNMENT AFFAIRS Employer LKQ CORPC	DRATION		
Business Address 12182 18 MILE RD, GOWEN, MI 493	326		
Type of Contribution: Direct Loan from a person 🖌 Fu	und Raiser		
(Complete c	Page Subtotal Fotal of All Schedules 1A on last page of Schedule)	Enter this total on	
Page 22 of 38		line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	bar 20200031	
SCHEDULE 1A 1. Committee I.D. Num	COMMITTEE TO ELECT	
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 <u>all</u> contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: MARC GESINK 635 HOYT ST SE GRAND RAPIDS, MI 49507	 \$40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:	*	
Occupation GEOLOGIST Employer SELF EMPLOYED	_	
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/13/2023</u> Name & Address NATE GILLESPIE 201 MICHIGAN ST NW GRAND RAPIDS, MI 49503	<u>\$</u> 20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: CHRIS GLASS 819 GIDDINGS AVE SE GRAND RAPIDS, MI 49506	 <u>\$</u> 20.00	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation AREA VICE PRESIDENT Employer GALLAGHER		
Business Address 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/13/2023</u> Name & Address DAVID HAMM 1530 ANDOVER RD SE EAST GRAND RAPIDS, MI 49506	_{\$} 10.00	<u></u> 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Sub	ototal 90.00	
Grand Total of All Schedules		
(Complete on last page of Sched Pageof	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
CANDIDATE COMMITTEE	2. Committee Name	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: JAMES HAVEMAN 2656 NORWAY MAPLE CT SE GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPL</u> Business Address	<u>12/13/2023</u> OYED Fund Raiser	<u>\$20.00</u>	\$ 20.00
Type of Contribution: Direct Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address DAVE HILDENBRAND 2700 TIMPSON AVE SE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: Occupation PARTNER Employer KELLEY CAW Business Address 208 N CAPITOL AVE, LANSING, MI	12/13/2023	<u>\$</u> 20.82	<u></u> 170.82
Type of Contribution: Direct Loan from a person	Fund Raiser		
 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: HORSEPOWER PAC 1731 BLUE GRASS RD LANSING, MI 48906 	12/13/2023	<u></u> \$100.00	<u>\$600.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receip Name & Address RICHARD HOUSKAMP 838 ALEDA CT SE GRAND RAPIDS, MI 49508	t <u>12/13/2023</u>	_{\$} 20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	Fund Raiser		
Gran		160.82 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
			FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: BRIAN KOLESAR 4221 DEL MAR VILLAGE DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	bt <u>12/13/2023</u>	<u></u> \$15.00	<u></u> 15.00
	t <u>12/13/2023</u>	_{\$} 15.00	<u></u> 15.00
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receip Name & Address: DANIEL KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503	ot <u>12/13/2023</u>	<u>\$30.82</u>	<u>\$</u> 30.82
5. If over \$100.00 cumulative, please provide:			
Occupation INSURANCE AGENT Employer SELF EMPL Business Address 3219 EASTERN AVE SE, GRAND RAPI Type of Contribution: Direct Loan from a person			
3. Contribution # 4 PAC Receipt? YES 4. Date of Received Address HEATHER LOMBARDINI 2524 KEVERN WAY MERIDIAN TWP, MI 48864	ipt 12/13/2023	_{\$} 20.00	_{\$} _25.00
5. If over \$100.00 cumulative, please provide: Occupation_POLITICAL CONSULTANT Employer BRIGHT SP	PARK STRATEGIES		
Business Address_106 W ALLEGAN ST, STE 200, LANS	SING, MI 48933		
Type of Contribution: Direct Loan from a person	Fund Raiser		
Gra	Page Subtotal and Total of All Schedules 1A	80.82	-
	ete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page	25	of	38

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	20200031	
		ITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: RUSTY MERCHANT 13500 BECKWITH DR NE 13500 BECKWITH DR NE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: MCCALVEY MERCHANT Occupation LOBBYIST Employer Business Address 120 W OTTAWA ST, LANSING, MI 44 Type of Contribution: Direct Loan from a person	HANT & ASSOCIATES	<u>\$ 100.00</u>	\$ 100.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	/ED	<u>\$</u> 20.00	<u>\$ 20.00</u>
Business Address 5915 CASTLE BROOK AVE SE, GRAND RA Type of Contribution: Direct Loan from a person	PIDS, MI 49508 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: JON NUNN 143 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503		\$20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301		\$2,000.00	<u>\$</u> 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer SIBSCO LL 220 I XON ST NW #510 CRAND RAR			
Business Address 220 LYON ST NW, #510, GRAND RAP Type of Contribution: Direct Loan from a person	Fund Raiser		
Grand	I Total of All Schedules 1A on last page of Schedule)	2,140.00 Enter this total on ine 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 1A	1. Committee I.D. Number	20200031	
			PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, ent middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 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: Direct Loan from a person	12/13/2023	<u>\$</u> 20.00	§ 20.00
 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address VERHEULEN LEADERSHIP FUND 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534 5. If over \$100.00 cumulative, please provide: Occupation Employer 		<u>\$</u> 30.00	<u>s 130.00</u>
Business Address			
Type of Contribution: Direct Loan from a person 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: JOHN WETZEL 3854 CRYSTAL ST SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation BUSINESS OWNER Employer PURE POS IN	NC.	_{\$} 20.00	<u>\$ 120.00</u>
Business Address 3854 CRYSTAL ST SW, GRANDVILLE, N Type of Contribution: Direct Loan from a person	II 49418 Fund Raiser		
	<u>12/13/2023</u>	<u>\$100.00</u>	<u></u>
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser Page Subtotal	170.00	
	d Total of All Schedules 1A e on last page of Schedule)	Enter this total on line 3a of Summary Page.	

TISH LOFTIS 1623 SPRINGWIND DR SW \$52.05 \$52.05 BYRON CENTER, MI 49315 \$52.05 \$52.05 S. If over \$100.00 cumulative, please provide: Cocupation FA Employer AMWAY Business Address 5410 44TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/16/2023 \$10.41 \$10.41 S445 BURTON ST SE \$10.41 \$10.41 \$10.41 \$10.41 Stats BURTON ST SE \$10.41 \$10.41 \$10.41 GRAND RAPIDS, MI 49546 \$10.411 \$10.41 S. If over \$100.00 cumulative, please provide: \$10.41 \$10.41 Occupation SALES Employer ALLIANCE BEV. Business Address Hayo 60TH ST, GRAND RAPIDS, MI 49512 \$10.41 Type of Contribution: Direct Loan from a person Fund Raiser S. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/18/2023 Name & Address 106 WA LLEGAN ST, STE 200, LANSING, MI 48933 \$8,300.00 \$8,325.00 Strewer \$100.00 cumulative, please provide: \$8,300.00	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
CANDIDATE COMMITTEE 2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR Envice onthbutch rame and address. If controlutions in form an independent 6. Amount ?: Controlution if many address of anount. 3. Contribution if if mark address. Committee Name 6. Amount ?: Controlution if if mark address. 3. Contribution if if mark address. PAC Receipt? VES 4. Date of Receipt 12/14/2023 Mark address.		1 Committee I.D. Number	20200031	
Enter contributor's name and address. If contributor is from a Indicidal, enter last name. Inst name. 6. Amount 7. Contributor Science in a contributor is non an indicidal. enter last name. Inst name. 3. Contributor if North in PAC Receipt 2 VES 4. Date of Receipt 12/14/2023 9. Contributor if 0.0000 (Contributor in a person VE) 3. Contributor if North in the intervention of the interventin of the intervention of the intervention of the interv		- COM	MITTEE TO ELECT	PETER MACGREGOR
3. Cardibulant#1 PAC Receipt? ✓YES 4. Date of Receipt 12/14/2023 POST FUMUS MAJORITY FUND 106 W ALLEGAN ST \$150.00 \$150.00 STE 200 LANSING, MI 49933 \$150.00 \$150.00 S. It over \$100.00 cumulative, please provide: Contribution: Direct Loan from a person Fund Raiser 3. Cartibulant #2 PAC Receipt? YES 4. Date of Receipt 12/14/2023 Name & Address Tippe of Contribution: Direct Loan from a person Fund Raiser 3. Cartibulant #3 PAC Receipt? YES 4. Date of Receipt 12/14/2023 \$52.05 Straver \$100.00 cumulative, please provide: \$52.05 \$52.05 \$52.05 Occupation FA Employer AUWAY Occupation FA Employer AUWAY Occupation FA Employer AUWAY Occupation FA Employer AUWAY Occupation FA Employer AUMAY Scartbulant #3 PAC Receipt? VES 4. Date of Receipt 12/16/2023 Name & Address 5410 44TH ST, GRAND RAPIDS, MI 49512 \$10.41	Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit	nter last name, first name,	6. Amount	Election Cycle for Each Contributor (Through
2. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/14/2023 Name & Address TISH LOFTIS 1623 SPRINGWIND DR SW § 52.05 § 52.05 BYRON CENTER, MI 49315 \$ 5. If over \$100.00 cumulative, please provide:	Name & Address: POSTHUMUS MAJORITY FUND 106 W ALLEGAN ST STE 200 LANSING, MI 48933 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		<u>, 150.00</u>	
Name & Address				
Occupation FA Employer AMWAY Business Address 5410 44TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/16/2023 Name & Address: ROBERT SMITH 2845 BURTON ST SE \$ 10.41 \$ 10.41 GRAND RAPIDS, MI 49546 \$ 10.41 \$ 10.41 \$ 10.41 Starts Support Laan from a person Fund Raiser Occupation SALES Employer ALLIANCE BEV. Business Address 190 60TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser \$ 8,300.00 \$ 8,325.00 Start KEVERN WAY Mare & Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 \$ 8,300.00 \$ 8,325.00 Starters 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Page Subtotal \$ 5,12.46 Composition Correl of all of All Schedules 1A Correlate of All Schedules 1A \$ 5,12.46	Name & Address TISH LOFTIS 1623 SPRINGWIND DR SW	<u>12/14/2023</u>	<u>\$52.05</u>	<u>\$ 52.05</u>
Business Address 5410 44TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/16/2023 Name & Address: RODBERT SMITH 2845 BURTON ST SE § 10.41 § 10.41 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: § 10.41 § 10.41 Occupation SALES Employer ALLIANCE BEV. Business Address 4190 60TH ST, GRAND RAPIDS, MI 49512	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Direct Loan from a person reson resonance r				
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/16/2023 Name & Address: ROBERT SMITH 2845 BURTON ST SE § 10.41 § 10.41 2845 BURTON ST SE gRAND RAPIDS, MI 49546 § 10.41 § 10.41 S. If over \$100.00 cumulative, please provide: 0ccupation SALES Employer ALLIANCE BEV. Business Address 4190 60TH ST, GRAND RAPIDS, MI 49512 Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/18/2023 Name & Address HEATHER LOMBARDINI 2524 KEVERN WAY § 8,300.00 § 8,325.00 5. If over \$100.00 cumulative, please provide: 0ccupation POLITICAL CONSULTANT Employer BRIGHT SPARK STRATEGIES Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Grand Total of All Schedules 1A (Grand Total of Schedule)	Business Address 5410 44TH ST, GRAND RAPIDS, N	11 49512		
Name & Address: ROBERT SMITH 2845 BURTON ST SE \$10.41 GRAND RAPIDS, MI 49546 \$10.41 5. If over \$100.00 cumulative, please provide: Employer_ALLIANCE BEV. Occupation SALES Employer_ALLIANCE BEV. Business Address 4190 60TH ST, GRAND RAPIDS, MI 49512 Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/18/2023 Name & Address HEATHER LOMBARDINI 2524 KEVERN WAY \$8,300.00 \$8,325.00 MERIDIAN TWP, MI 48864 £10 over \$100.00 cumulative, please provide: \$8,300.00 \$8,325.00 Occupation POLITICAL CONSULTANT Employer BRIGHT SPARK STRATEGIES Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Political Consultant from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal \$5,12.46	Type of Contribution: Direct Loan from a person	Fund Raiser		
Occupation SALES Employer ALLIANCE BEV. Business Address 4190 60TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/18/2023 Name & Address HEATHER LOMBARDINI 2524 KEVERN WAY \$8,300.00 \$8,325.00 MERIDIAN TWP, MI 48864 \$8,300.00 \$8,325.00 5. If over \$100.00 cumulative, please provide: Occupation POLITICAL CONSULTANT Employer Occupation POLITICAL CONSULTANT Employer BRIGHT SPARK STRATEGIES Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Page Subtotal Grand Total of All Schedules 1A Complete on last page of Schedules 8,512.46	Name & Address: ROBERT SMITH 2845 BURTON ST SE	ot <u>12/16/2023</u>	_{\$} 10.41	<u>_10.41</u>
Business Address 4190 60TH ST, GRAND RAPIDS, MI 49512 Type of Contribution: Direct Loan from a person region region for a person region region for a person region for a person region region for a person region region for a person region	5. If over \$100.00 cumulative, please provide:			
Name & Address Image: Non-Excedence of Schedules HEATHER LOMBARDINI 2524 KEVERN WAY 2524 KEVERN WAY \$8,300.00 MERIDIAN TWP, MI 48864 \$8,300.00 5. If over \$100.00 cumulative, please provide: \$8,300.00 Occupation POLITICAL CONSULTANT Employer Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 8,512.46 Grand Total of All Schedules 1A (Complete on last page of Schedule) 8,512.46	Business Address 4190 60TH ST, GRAND RAPIDS, MI 49	512		
Occupation POLITICAL CONSULTANT Employer BRIGHT SPARK STRATEGIES Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: ✓ Direct Loan from a person Fund Raiser Page Subtotal 8,512.46 Grand Total of All Schedules 1A (Complete on last page of Schedule)	Name & Address HEATHER LOMBARDINI 2524 KEVERN WAY	ipt 12/18/2023	_{\$} 8,300.00	<u>\$ 8,325.00</u>
Business Address 106 W ALLEGAN ST, STE 200, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Rage	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Rage Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Occupation POLITICAL CONSULTANT Employer BRIGHT SI	PARK STRATEGIES		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Rage Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Business Address 106 W ALLEGAN ST, STE 200, LAN	SING, MI 48933		
Grand Total of All Schedules 1A (Complete on last page of Schedule)				
(Complete on last page of Schedule)		Page Subtotal	8,512.46	"
1 Ended all the second seco			Enter this total on	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		20200031	
SCHEDULE 1A CANDIDATE COMMITTEE	1. Committee I.D. Number COM		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, en	2. Committee Name	6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount.		0. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	12/20/2023		
JAMES BOLGER			
201 MICHIGAN ST NW UNIT 1102		s500.00	\$00.00
GRAND RAPIDS, MI 49503		<u>\$ 000.00</u>	<u>\$ 000100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u>			
	<u> </u>		
Business Address			
Type of Contribution:	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	12/20/2023		
GLENN GETSCHOW			
3406 GOODWOOD DR SE		<u>100.00 s</u>	_{\$} 100.00
GRAND RAPIDS, MI 49546			
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: 🖌 Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt	^{it} 12/20/2023		
Name & Address:			
3604 FULTON ST E		_{\$} 20.00	\$20.00
APT 233 GRAND RAPIDS, MI 49546			Ψ
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	pt 12/20/2023		
Name & Address			
1537 HAWTHORNE HILLS DR SE		_{\$} 200.00	200.00
ADA, MI 49301		<u>§200.00</u>	<u>\$_200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation_EXECUTIVE Employer STAR TRU	JCK RENTALS		
Business Address 3940 EASTERN, GRAND RAPIDS	6, MI 49508		
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	820.00	
Gra	nd Total of All Schedules 1A		
	ete on last page of Schedule)	Enter this total on	l

$_{Page}$ 29 $_{of}$ 38	
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	20200031	
		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/20/2023 Name & Address: JOHN DARLINE 35 PORTER HILLS DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Employer	<u></u> \$20.00	s 20.00
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address HOLLY DEGENNARO 1121 EDISON AVE NW GRAND RAPIDS, MI 49504	<u></u> \$10.00	<u>_</u> 10.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/20/2023 Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301	_{\$} 20.00	<u></u> \$40.82
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address MICHAEL DEVRIES 3632 MONARCH DR NE GRAND RAPIDS, MI 49525	_{\$} 40.00	_{\$_} 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 30 of 38	90.00 Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1Δ 1. Committee I.D. Number	20200031	
	MITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: KIM GARY		
7635 LUCA VISTA DR ROCKFORD, MI 49341	<u>\$20.00</u>	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address AREND LUBBERS 3761 COOK VALLEY BLVD SE	<u>\$20.00</u>	<u>\$</u> 20.00
GRAND RAPIDS, MI 49546		
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> <u>Employer</u> <u>RETIRED</u>		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: SUSAN MCCARTHY 1440 EDGEWOOD AVE SE EAST GRAND RAPIDS, MI 49506	<u>\$</u> 40.00	<u>\$</u> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address THOMAS MOERDYK 6516 LEISURE CREEK DR SE CALEDONIA, MI 49316	_{\$} 5.00	_{\$} _5.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	85.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 31 of 38	Enter this total on line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	Number 20200031	
SCHEDULE 1A 1. Committee I.D. N CANDIDATE COMMITTEE 2. Committee Name	COMMITTEE TO ELECT	FPETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independen Committee (PAC) Report <u>all</u> contributions regardless of amount.	ame, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/20/2023 Name & Address: JANE OWEN 9580 68TH ST SE ALTO, MI 49302 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	<u>\$</u> 20.00	date of receipt)
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/20/2023 Name & Address MICHAEL POWERS 1965 15 MILE RD NE SPARTA, MI 49345 5. If over \$100.00 cumulative, please provide: Employer	<u>\$50.00</u>	<u>\$ 50.00</u>
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: GEORGE PULASKI 1946 CROSS BEND ST NE GRAND RAPIDS, MI 49505	<u>\$</u> 3.00	<u>\$</u> 3.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person ✓ ✓	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address ELAINE RONGEY 2263 EL DORADO DR SE EAST GRAND RAPIDS, MI 49506	_{\$} 100.00	<u>* 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Grand Total of All Sched (Complete on last page of Sc	chedule) Enter this total on	_
Page <u>32 of 38</u>	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	20200031	
SCHEDULE 1A 1. Committee I.D. Number		PETER MACGREGOR
CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
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.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: CARL VERBEEK		
2775 WHITEBUD CT SE KENTWOOD, MI 49512	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer VARNUM		
Business Address 333 BRIDGE ST NW, #1700, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/20/2023 Name & Address 12/20/2023 12/20/2023		
RANDY WILCOX	F 00	
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: Direct Loan from a person 🔽 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/26/2023</u>		
ALAN ABRAHAM	200 00	
7841 WHITBURN DR SE ADA, MI 49301	<u>\$200.00</u>	<u>\$200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Image: Fund Raiser	-	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/26/2023</u> Name & Address		
PHILIP BALKEMA		
1541 PONTIAC RD SE GRAND RAPIDS, MI 49506	<u></u> \$20.00	<u>\$</u> 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation_RETIRED RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person 🖌 Fund Raiser		
Page Subtotal	245.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	-

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDIII Ε 1Δ 1. Committee I.D. Number	20200031	
		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/26/2023 Name & Address: WILLIAM BUCHANAN 3279 WILDRIDGE DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ <u>200.00</u>	\$ 1,200.00
Business Address 3755 36TH ST SE, STE 100, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/26/2023 Name & Address: GREGORY MADURA 4655 WESTGATE AVE NW COMSTOCK PARK, MI 49321 5. If over \$100.00 cumulative, please provide:	<u>\$</u> 20.00	<u>\$</u> 20.00
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/26/2023</u> Name & Address MONTE REINERT 1053 SAN JOSE DR SE GRAND RAPIDS, MI 49506	_{\$} 40.00	<u>\$</u> 40.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Loan from a person Image: Fund Raiser		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 34 of 38	270.00	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED CONTRIBUTIONS		20200031	
SOMEDOLE TA			PETER MACGREGOR
	. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter middle initial. Check box to indicate if contribution is from a Political Committee (Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	12/26/2023		
DONNA SCHMIDT			
9340 LAKE GERALD DR SPARTA, MI 49345		_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:		Φ	Ψ
Occupation CONSULTANT Employer DLS SERVICI	NG		
Business Address 5025 PLAINFIELD AVE NE, GRAND RAPI	IDS, MI 49525		
Type of Contribution: Direct Loan from a person	und Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1	2/26/2023		
Name & Address DONALD STORTEBOOM			
7160 WILKINSON DR NE		_{\$} 20.00	_{\$} 20.00
ROCKFORD, MI 49341			
5. If over \$100.00 cumulative, please provide:			
Occupation <u>RETIRED</u> Employer <u>RETIRED</u>			
Business Address			
	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1 Name & Address:	12/29/2023		
WILLIAM BRENNAN 4120 E GABLES CT NE		s80.00	_{\$100.82}
GRAND RAPIDS, MI 49525		\$00.00	<u>\$100.02</u>
5. If over \$100.00 cumulative, please provide:			
Occupation ATTORNEY Employer BRENNAN LEGA	L CONSULTING		
Business Address 4120 E GABLES CT NE, GRAND RAPIDS,	, MI 49525		
	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7	12/29/2023		
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 OWNER Employer APPLIED IM	IAGING		
Business Address 5555 GLENWOOD HILLS PKWY SE, GRAND RA			
	und Raiser		
	Page Subtotal	240.00	
	Total of All Schedules 1A		
	on last page of Schedule) L	Enter this total on	
Page 35 of 38		line 3a of Summary Page.	

Page	35	of	38

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDUILE 1 A 1. Committee I.D. Number	20200031	
		PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/29/2023 Name & Address: MIKE ELLIS 2090 STICKLEY DR SE 2090 STICKLEY DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer ELLIS PARKING Business Address 40 PEARL ST NW, STE 824, GRAND RAPIDS, MI 49503		\$ 1,000.00
Business Address 401 201 101 101 1000 Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/29/2023</u> Name & Address MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	<u>\$500.00</u>	<u>\$ 600.00</u>
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506		_{\$} 4,250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt <u>12/29/2023</u> Name & Address MARK BISSELL 2840 PIONEER CLUB RD SE EAST GRAND RAPIDS, MI 49506	_{\$} 1,000.00	<u>1,000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer BISSELL	-	
Business Address 2345 WALKER AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	0,000.00	-
Grand Total of All Schedules 1 (Complete on last page of Schedul		_
Page_36_of_38_	line 3a of Summary Page.	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number	20200031	
	IMITTEE TO ELECT	PETER MACGREGOR
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/29/2023 Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer STAR TRUCK RENTALS Business Address 3940 EASTERN, GRAND RAPIDS, MI 49508 Type of Contribution: Direct Loan from a person Fund Raiser	<u></u> \$1,000.00	_{\$} 1,200.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt <u>12/29/2023</u> Name & Address JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301	_{\$} 2,000.00	_{\$} 2,104.10
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Image: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512	_{\$} 2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Business Address 4150 E PARIS AVE SE, KENTWOOD, MI 49512 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? 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>\$</u> 200.00
5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer FL HANSEN CORP		
Business Address 7159 THORNAPPLE RIVER DR SE, ADA, MI 49301 Type of Contribution:		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	5,200.00 Enter this total on line 3a of Summary	

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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	
ITEMIZED CONTRIBUTIONS SCHEDULE 1 A 1. Committee I.D. Numbe	, 20200031
	DMMITTEE TO ELECT PETER MACGREGOR
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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/29/2023 Name & Address: GERALD DEBLAAY PO BOX 318 ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation SELF EMPLOYED Employer Business Address 7159 THORNAPPLE RIVER DR SE, ADA, MI 49301	
Type of Contribution:	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	<u> </u> <u>\$ </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	-
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	-
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtot Grand Total of All Schedules 1. (Complete on last page of Schedul Page 38 of 38	^ 121.893.39

Page	38	of	38
raye_		01	

ITEMIZED IN-KIND CONTR	RIBUTIONS	1		
SCHEDULE 1-IK 1. Committee I. D. Number 20200031 2 Committee Name COMMITTEE TO ELECT PETER MACGREGOR				
CANDIDATE COMM	NTTEE 2. Commutee Name			ACGNEGON
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 Receipt6. Name & Address of Vendor from whom goods or services wer purchased	Fa Va	Amount or ir Market Ilue	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: GRAND RAPIDS CHAMBER 250 MONROE AVE NW GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER SPACE 5. Date Of Receipt: 12/13/2023 6. Vendor Name & Address: GRAND RAPIDS CHAMBER 250 MONROE AVE NW, GRAND RAPIDS, MI 49503 	\$ <u>30</u>	0.00	§ 30.00
Contribution # 2 PAC Receipt? Yes Name & Address CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address: SIBSCO LLC 220 LYON ST NW, #510, GRAND RAPIDS, MI 49503	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOA Description TABLE RENTAL 5. Date Of Receipt: 12/13/2023 6. Vendor Name & Address: SPECIAL OCCASIONS 850 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	^₅ 70. N	.38 4	<u>2,070.38</u>
Contribution #3 PAC Receipt? Yes Name & Address: CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address: SIBSCO LLC 220 LYON ST NW, #510, GRAND RAPIDS, MI 49503	 4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated \$ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAI Description FOOD/BEVERAGES FOR FUNDRAISER 5. Date Of Receipt: 12/13/2023 6. Vendor Name & Address: KITCHEN 67 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525 		.78 \$	2,583.16
	Page Subt	otal 6	13.16	2,613.16
				2,010.10
	Grand Total of all Schedules (Complete on last page of Sched	n	13.16	
		E	nter this total	

Page 1 of 1

	Committee I. D. Number 20200031		
	COMMITTEE TO ELECT PI	ETER M	ACGREGOR
3. Name and address of person or vendor to whom paid		5. Date	6. Amount
Expenditure #1			
Name WINRED	10/2	24/2023	\$ 9.85
Address 1776 WILSON BLVD ARLINGTON, VA 22209	Purpose: ONLINE DONATION FEE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name PAYPAL Address		/27/2023 Date	\$ <u>29.39</u>
2211 N 1ST ST SAN JOSE, CA 95131			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name WINRED	10 Purpose: ONLINE DONATION FEE	0/27/2023 Date	\$ <u>5.91</u>
1776 WILSON BLVD ARLINGTON, VA 22209	Fulpose		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address		30/2023 Date	\$ <u>39.40</u>
1776 WILSON BLVD ARLINGTON, VA 22209	Charly hav if this averageliture is novement of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name WINRED Address 1776 WILSON BLVD		31/2023 Date	\$ <u>19.70</u>
ARLINGTON, VA 22209			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal th	nis page	104.25
	Grand Total of all Scher (Complete on last page of S		

Page 1 of 5

Page 2 of 5

	20200031		
SCHEDULE 1B CANDIDATE COMMITTEE 2.0	committee Name COMMITTEE TO ELEC	T PETER M	IACGREGOR
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BRIGHT SPARK STRATEGIES		10/31/2023	\$ <u>396.01</u>
Address 106 W ALLEGAN STE 200	Purpose: CONSULTING (DONE IN HOUSE)	Date Itemization Bel	OW
LANSING, MI 48933	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name MAILCHIMP		10/31/2023 Date	\$ <u>(46.01)</u>
Address 675 PONCE DE LEON AVE NE	Purpose:		
ATLANTA, GA 30308	(Memo	ltemization)	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
Name WINRED		11/01/2023	\$ 3.94
Address 1776 WILSON BLVD	Purpose: ONLINE DONATION FEE	Date	
ARLINGTON, VA 22209			
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name WINRED		11/02/2023	s 43.34
Address	Purpose: ONLINE DONATION FEE	Date	* <u>+0.0+</u>
1776 WILSON BLVD ARLINGTON, VA 22209			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name WINRED		11/03/2023	\$35.46
Address 1776 WILSON BLVD	Purpose: ONLINE DONATION FEE	Date	<u></u>
ARLINGTON, VA 22209	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	478.75
	Grand Total of all S (Complete on last page)		

ITEMIZED EXPENDITURES SCHEDULE 1B	ommittee I. D. Number		
	ommittee Name COMMITTEE TO ELEC	T PETER N	ACGREGOR
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WINRED		11/06/2023	\$ <u>13.79</u>
Address 1776 WILSON BLVD	Purpose: ONLINE DONATION FEE	Date	
ARLINGTON, VA 22209			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name UNIVERSITY CLUB OF GRAND RAPIDS 11/1		11/06/2023	\$ 1,436.97
Address	Purpose: EVENT CATERING	Date	
111 LYON ST NW GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name WINRED		11/07/2023	\$ 3.94
Address 1776 WILSON BLVD	Purpose: ONLINE DONATION FEE	Date	
ARLINGTON, VA 22209			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name BRIGHT SPARK STRATEGIES		11/08/2023	\$ 561.32
Address	Purpose:	Date	• <u>JUT.UZ</u>
106 W ALLEGAN STE 200 LANSING, MI 48933			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name WINRED		11/09/2023	\$ 3.94
Address 1776 WILSON BLVD	Purpose: ONLINE DONATION FEE	Date	* <u>0.94</u>
ARLINGTON, VA 22209			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	2,019.96
	Grand Total of all (Complete on last page		

Page 3 of 5

	Committee I. D. Number 20200031	T PETER M	IACGREGOR
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209	Purpose: ONLINE DONATION FEE	11/13/2023 Date	\$ <u>23.64</u>
Expenditure #2 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 Fund Raiser	Purpose: ONLINE DONATION FEE	11/14/2023 Date	\$ <u>19.70</u>
Expenditure #3 Name BRIGHT SPARK STRATEGIES Address 106 W ALLEGAN STE 200 LANSING, MI 48933 Fund Raiser	Purpose: <u>CONSULTING (DONE IN HOUSE)</u> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/2023 Date	\$ <u>130.48</u>
Expenditure #4 Name COMERICA Address 101 N WASHINGTON SQUARE LANSING, MI 48933 Fund Raiser		12/13/2023 Date	\$ <u>7.34</u>
Expenditure #5 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209	Purpose: ONLINE DONATION FEE	12/18/2023 Date	\$ <u>327.02</u>
	Subto	tal this page	508.18
	Grand Total of all S (Complete on last page		

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ITEMIZED EXPENDITURES	Committee I. D. Number 20200031		
	Committee Name COMMITTEE TO ELEC		ACGREGOR
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		12/19/2023	\$ <u>923.00</u>
Address 2153 WEALTHY ST SE	Purpose: MAIL PROCESSING AND POSTAGE	Date	
GRAND RAPIDS, MI 49506			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WINRED		12/31/2023	\$ 64.55
Address 1776 WILSON BLVD ARLINGTON, VA 22209	Purpose: ONLINE DONATION FEES	Date	
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
Expenditure #4	oldonom		
Name			
Address	Purpose:	Date	\$
	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #5	statement		
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
	Subto	otal this page	987.55
	Grand Total of all (Complete on last pag		4,098.69



1. Committee I.D. Number 20200031

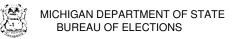
SCHEDULE 1E CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
 Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. 	 Type of Obligation (Description) Indicate date debt was incurred Indicate original amount of debt 	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: PETE MACGREGOR 8209 VISTA ROYALE LN NE ROCKFORD, MI 49341	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 03/15/2023 6. <u>Original Amount of Debt</u> : \$1,500.00	\$ \$ \$ \$ \$	\$_ <u>0.00</u>	\$1,500.00
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$ \$ \$	\$	\$ Forgiven
If bank loan, name of endorser or guarantor:	1	Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	 4. Type: 5. <u>Date Debt Was Incurred</u>: 6. <u>Original Amount of Debt</u>: \$ 	\$\$ \$ \$\$	\$	\$ Forgiven
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	

Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

20200031 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

	- USE A	SEPARATE SH	EET FOR EACH EVENT	-	
		of Individuals Attending ting (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. UNIVERSITY CLUB OF GRAN	
11/01/2023		40	11/1 UNIVERSITY CLUB RECEPTIO	RAPIDS 11/1 111 LYON ST NW GRAND RAPIDS, MI 49503 Private Residence	
7. Total Contributions		84,015.00			
8. Other Receipts		0.00			
9. Gross Receipts (Add lines 7	and 8)	84,015.00			
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	1,588.50 and All Expenditures	Made For the Event		
11. 🗌 Check if event was a jo	oint fund rais	ser and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)	
	-				
-	_				
	_				
	-				
	-				
	_				
	-				

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

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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

..... .

20200031 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

- USE A SEPARATE SHEET FOR EACH EVENT -							
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. GRAND RAPIDS CHAMBER				
12/13/2023	100	KENT COUNTYWIDE 5 JOINT FUNDRAISER	250 MONROE AVE NW GRAND RAPIDS, MI 49503 Private Residence				
7. Total Contributions	27,391.99						
8. Other Receipts	0.00						
9. Gross Receipts (Add lines 7 a	(27,391.99)						
10. Total Cost of Event (Total Cost includes In-Kind Co	8,003.55	Made For the Event)					
11. 🗹 Check if event was a jo	int fund raiser and complete the	following:					
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)				
COMM TO ELECT PETER MACGREGOR	20		20				
COMM TO ELECT CHRIS BECKEF	20		20				
LISA POSTHUMUS LYONS FOR COUNTY CLERK	20		20				
COMM TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG	20		20				
COMM TO ELECT KEN YONKER FOR KC DRAIN COM	20		20				

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.

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