



FILED
31 JAN 2024 PM 04:00
KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/21/2023 to 12/31/2023

1. Committee I.D. Number
20200031

2. Committee Name
COMMITTEE TO ELECT PETER MACGREGOR

4. Candidate Last Name First Name M.I.
MACGREGOR **PETER**

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

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

5. Committee's Mailing Address
**8209 VISTA ROYALE LN NE
ROCKFORD, MI 49341**

Area Code and Phone (616) 581-2025
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**CHRISTINE MACGREGOR
8209 VISTA ROYALE LN NE
ROCKFORD, MI 49341**

Area Code & Phone (616) 581-2115

7. Treasurer's Business Address
**8209 VISTA ROYALE LN NE
ROCKFORD, MI 49341**

Area Code and Phone (616) 581-2115

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**ELLEN KLETZA
8209 VISTA ROYALE LN NE
ROCKFORD, MI 49341**

Area Code and Phone (517) 267-9012

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

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

July Quarterly
 October Quarterly

9c. Annual Statement (2023)
Coverage Year

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

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

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

Effective date of dissolution

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

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

Current Treasurer or Designated Record keeper _____ Type or Print Name	/	Submitted electronically, signature on file _____ Signature	Date 01/31/2024
Candidate _____ Type or Print Name	/	Submitted electronically, signature on file _____ Signature	Date 01/31/2024



1. Committee I.D. Number 20200031

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>121,893.39</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>121,893.39</u>	(18.) \$ <u>146,555.43</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>18.94</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>121,893.39</u>	(20.) \$ <u>146,574.37</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>613.16</u>	(21.) \$ <u>613.16</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,098.69</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,098.69</u>	(23.) \$ <u>16,983.38</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6,490.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>121,893.39</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>128,383.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,098.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>124,284.85</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2023</u> Name & Address: JOHN WETZEL 3854 CRYSTAL ST SW GRANDVILLE, MI 49418	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>PURE POS INC.</u> Business Address <u>3854 CRYSTAL ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/2023</u> Name & Address: ALONA KOFFLER 4641 THORNBERRY HILL CT NE GRAND RAPIDS TWP, MI 49525	<u>\$ 150.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>RETIRED, RETIRED, MI 00000</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/26/2023</u> Name & Address: STAMAS LEADERSHIP PAC 1731 BLUE GRASS RD LANSING, MI 48906	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: LUCAS MIDDLETON 2336 WESTCHESTER LN KALAMAZOO, MI 49008	<u>\$ 1,000.00</u>	<u>\$ 1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2336 WESTCHESTER LN, KALAMAZOO, MI 49008</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,750.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: PETER FEX 3767 BLACKHAWK DR SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation <u>IT MANAGER</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/2023</u> Name & Address: MARTIN J SPAULDING 622 W KALAMAZOO AVE KALAMAZOO, MI 49007 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>TITLE CHECK LLC</u> Business Address <u>PO BOX 51427, KALAMAZOO, MI 49005</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/2023</u> Name & Address: RAMI HADDAD 55 OTTAWA AVE SW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>JOHNSON CONTROLS</u> Business Address <u>55 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/01/2023</u> Name & Address: LANCE WERNER 538 SHAW ESTATES DR NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>KENT DISTRICT LIBRARY</u> Business Address <u>814 W RIVER CENTER DR NE, COMSTOCK PARK, MI 49321</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **1,750.00**

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: SCOTT HOPE 4020 SOMERS DR BURTON, MI 48529	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAND INSPECTOR</u> Employer <u>ALLEN HOPE PROPERTY MANAGEMENT</u> Business Address <u>4020 SOMERS DR, BURTON, MI 48529</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: DAVID COUGHLIN 7010 VERDE VISTA DR NE ROCKFORD, MI 49341	<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>RETIRED, RETIRED, MI 00000</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>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 <u>SUPPLY CHAIN</u> Employer <u>STEELCASE</u> Business Address <u>820 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: MARTIN ANDERSON 4380 20 MILE RD KENT CITY, MI 49330	<u>\$ 150.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>6525 ALPINE AVE NW, COMSTOCK PARK, MI 49321</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **1,000.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: JOANNE ZWARENSTEYN 3633 COOK VALLEY BLVD SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: MATTHEW VAN ZETTEN 56 W 18TH ST HOLLAND, MI 49423 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: DAVID SHIELDS 729 RIDGECLIFF DR FLORENCE, AL 35634 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: VERHEULEN LEADERSHIP FUND 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **340.00**

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: STEVE ORCHARD 11223 BECKER CREEK CT NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> 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</u> Employer <u>LKQ CORPORATION</u> Business Address <u>12182 18 MILE RD, GOWEN, MI 49326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: BOBBY TSIRONIS 340 QUAIL RIDGE DR NE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>CENNTINIAL SECURITIES</u> Business Address <u>340 QUAIL RIDGE DR NE, ADA, MI 49301</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: MILLER CANFIELD PAC 150 W JEFFERSON AVE STE 2500 DETROIT, MI 48226 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal 700.00

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3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: DICKINSON WRIGHT PLLC PAC 2600 W BIG BEAVER RD STE 300 TROY, MI 48084 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> 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 <u>FOUNDER</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/2023</u> Name & Address: DANIEL HIBMA 1701 PORTER ST SW STE 6 WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>LAND</u> Business Address <u>1701 PORTER ST SW, STE 6, WYOMING, MI 49519</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>

Page Subtotal **10,325.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: JOSEPH CURTIS 18100 HOLCOMB RD GRAND HAVEN, MI 49417 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>REFRAME</u> Business Address <u>18100 HOLCOMB RD, GRAND HAVEN, MI 49417</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: MANDY BOLTER 2097 STEKETEE WOODS LN SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>ADVOCATE</u> Employer <u>MHSA</u> Business Address <u>124 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: BEN GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: EDWAD NAUSIEDA 40 MONROE CENTER ST NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>BRAVO LT</u> Business Address <u>345 RIDERS TRAIL NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **550.00**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: JESSICE GUTOWSKI SLAYDON 6862 KITSON DR NE ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SWIFT REALTY</u> Business Address <u>6862 KITSON DR NE, ROCKFORD, MI 49341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> 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 <u>CHEF</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>5189 BROWNSTONE DR NE, ROCKFORD, MI 49341</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: RICHARD DEVOS JR. 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>THE WINDQUEST GROUP</u> Business Address <u>201 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>D.P. FOX</u> Business Address <u>126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **17,000.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/2023</u>	
Name & Address: PAMELLA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/2023</u>	
Name & Address: SUZANNE CHERYL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/2023</u>	
Name & Address: DOUGLAS DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AMWAY</u> Business Address <u>126 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/2023</u>	
Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **33,300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: BETSY DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>WINDQUEST GROUP</u> Business Address <u>126 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/2023</u> Name & Address: STEVE EHMANN 300 MONROE AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>PROFILE FILMS</u> Business Address <u>126 OTTAWA AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>8,325.00</u>	\$ <u>8,325.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/06/2023</u> Name & Address: MIKE VANGESSEL 7740 CARY ST NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>ROCKFORD CONSTRUCTION</u> Business Address <u>601 FIRST ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/06/2023</u> Name & Address: JOHN JONES 3192 DOBIE RD MASON, MI 48854 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>LANSING CHRISTIAN SCHOOL</u> Business Address <u>3192 DOBIE RD, MASON, MI 48854</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **17,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/07/2023</u> Name & Address: PAUL HILLEGONDS 334 TIMBERLAKE DR W HOLLAND, MI 49424	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>RETIRED, RETIRED, MI 00000</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/09/2023</u> Name & Address: ALEX SMICH 432 DALEBROOK LN BLOOMFIELD HILLS, MI 48301	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE AGENT</u> Employer <u>PAYTON RILEY</u> Business Address <u>432 DALEBROOK LN, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/10/2023</u> Name & Address: FRIENDS OF BRYAN POSTHUMUS 106 W ALLEGAN ST STE 200 LANSING, MI 48933	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/13/2023</u> Name & Address: SAM MOORE 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>KENT COUNTY PARKS</u> Business Address <u>960 OAKLEIGH AVE NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **400.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/13/2023</u> Name & Address: WILLIAM MCGEE 7775 SPRING POINT CT NE ROCKFORD, MI 49341	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANKER</u> Employer <u>HUNTINGTON BANK</u> Business Address <u>7775 SPRING POINT CT NE, ROCKFORD, MI 49341</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/2023</u> Name & Address: JOHNNY BRANN JR 5057 GRAND RIVER DR NE GRAND RAPIDS, MI 49525	<u>\$ 500.00</u>	<u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5057 GRAND RIVER DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: TGIF VICTORY FUND PO BOX 223 GRANDVILLE, MI 49468	<u>\$ 10,000.00</u>	<u>\$ 10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/16/2023</u> Name & Address: JOHN CHATAS 3028 WHITE PINE DR NORTHBROOK, IL 60062	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>EVERSANA</u> Business Address <u>770 RIVERSIDE AVE, STE 204, ADRIAN, MI 49221</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **11,100.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/21/2023</u> Name & Address: SAM MOORE 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504	\$ <u>104.10</u>	\$ <u>204.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>KENT COUNTY PARKS FOUNDATION</u> Business Address <u>PO BOX 230165, GRAND RAPIDS, MI 49523</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: TRACIE RIEBSCHLEGER 5333 13 MILE RD NE ROCKFORD, MI 49341	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: JAMES 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 <u>BUILDER</u> Employer <u>PIONEER CONSTRUCTION</u> Business Address <u>7915 LORAL PINES DR SE, ADA, MI 49301</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: JENNIFER PAUGH-MACOMBER 1725 BLAIR ST LANSING, MI 48910	\$ <u>5.21</u>	\$ <u>5.21</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 250.13

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2023</u> Name & Address: DALE POSTHUMUS 2905 CALVERTON BLVD SILVER SPRING, MD 20904	\$ <u>10.41</u>	\$ <u>10.41</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/01/2023</u> Name & Address: DOUG KOOPMAN 1909 OBSERVATORY AVE SE GRAND RAPIDS, MI 49546	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/02/2023</u> Name & Address: JAKE DAVENPORT 527 N LAFAYETTE ST SE LOWELL, MI 49331	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/04/2023</u> Name & Address: KATIE DEBOER 7210 RAMSDELL DR NE ROCKFORD, MI 49341	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>7210 RAMSDELL DR NE, ROCKFORD, MI 49341</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **72.05**

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/2023</u> Name & Address: PHIL YEITER 3140 WOODSBORO DR NE GRAND RAPIDS, MI 49525	\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT RELATIONS</u> Employer <u>COREWELL HEALTH</u> Business Address <u>1231 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/07/2023</u> Name & Address: DAVID LEONARD 6383 REDINGTON DR SE ADA, MI 49301	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF LEGAL OFFICER</u> Employer <u>COREWELL HEALTH</u> Business Address <u>6383 REDINGTON DR SE, ADA, MI 49301</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: CHRIS AFENDOULIS 240 EDGEHILL DR SE GRAND RAPIDS, MI 49546	\$ <u>104.10</u>	\$ <u>104.10</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>KENONA INDUSTRIES</u> Business Address <u>3044 WILSON DR NW, GRAND RAPIDS, MI 49534</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: DAVID BILARDELLO 2409 SANTA MONICA ST SE EAST GRAND RAPIDS, MI 49506	\$ <u>20.82</u>	\$ <u>1,020.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **249.84**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: WILLIAM BRENNAN 4120 E GABLES CT NE GRAND RAPIDS, MI 49525	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRENNAN LEGAL CONSULTING</u> Business Address <u>4120 E GABLES CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: JON CHULSKI 6280 TIMPSON AVE SE ALTO, MI 49302	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ADVANCED CAMPAIGN TECHNOLOGIES</u> Business Address <u>6280 TIMPSON AVE SE, ALTO, MI 49302</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: MARK HESSLER 2223 ESTELLE DR SE GRAND RAPIDS, MI 49506	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/08/2023</u> Name & Address: DEBBIE KUZDAL 5559 KOSTER DR. SW GRANDVILLE, MI 49418	\$ <u>10.41</u>	\$ <u>10.41</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 72.87

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/09/2023</u> Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.82</u>	\$ <u>20.82</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/09/2023</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>104.10</u>	\$ <u>104.10</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: CHIP BOATRIGHT 7720 REALCO LN ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> 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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 274.92

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: KEITH DEN HOLLANDER 3640 BUCKINGHAM LN HUDSONVILLE, MI 49426	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: MAGGIE LANCASTER 55 IONIA AVE NW APT 1204 GRAND RAPIDS, MI 49503	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: SCOTT LANCASTER 55 IONIA AVE NW 1204 GRAND RAPIDS, MI 49503	\$ <u>20.00</u>	\$ <u>270.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VENTURE CAPITALIST</u> Employer <u>4100 GROUP</u> Business Address <u>300 S WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: ANNIE LINK 12188 84TH ST SE ALTO, MI 49302	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FARMER</u> Employer <u>SWISSLANE FARMS</u> Business Address <u>12877 84TH ST SE, ALTO, MI 49302</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **80.82**

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

1. Committee I.D. Number 20200031
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/11/2023</u> Name & Address: DICK POSTHUMUS 10550 HOLLAND LAKE RD GREENVILLE, MI 48838	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: JACKIE BILLINGSLEY 6303 EGYPT VALLEY CT NE ADA, MI 49301	\$ <u>20.82</u>	\$ <u>20.82</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: DOUG DOZEMAN 1313 TRILLIUM TRAIL NE GRAND RAPIDS, MI 49525	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: BRANDON ERHART 86 MONROE CENTER ST NW GRAND RAPIDS, MI 49503	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **80.82**

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

1. Committee I.D. Number 20200031
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/12/2023</u> Name & Address: NICHOLAS PARADISO 1755 SECRETARIAT DR SE GRAND RAPIDS, MI 49546	\$ <u>20.82</u>	\$ <u>270.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ADVISOR</u> Employer <u>MICHAEL BEST STRATEGY</u> Business Address <u>1 S PINCKNEY ST, MADISON, WI 53703</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: ALBERT MAJORITY FUND 30 FLAT RIVER DR SE LOWELL, MI 49331	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: NICHOLAS AYOUB 1251 M.L.K. JR ST SE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **160.82**

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: CURT BENSON 411 MORRIS AVE SE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JASE BOLGER 623 WATERSTONE DR NORTON SHORES, MI 49441 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>TUSKER STRATEGIES</u> Business Address <u>623 WATERSTONE DR, MUSKEGON, MI 49441</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: EMILY BRIEVE 7438 MISSOULA DR SE CALEDONIA, MI 49316 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>FASTOOL INC</u> Business Address <u>1197 ELECTRIC AVE, WAYLAND, MI 49348</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.82</u>	\$ <u>20.82</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JEFF DELONGCHAMP 4615 DANVERS DR SE GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MILLER CONSULTING</u> Business Address <u>4615 DANVERS DR SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **160.82**

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

1. Committee I.D. Number 20200031
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DAN BURRILL 2879 BARCROFT DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER/REALTOR</u> Employer <u>SOUTHWOOD LLC</u> Business Address <u>4565 WILSON AVE SW, STE 3, GRANDVILLE, MI 49418</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>208.20</u>	\$ <u>208.20</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DAVE DISHAW 2272 PALM DALE DR SW WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JENNIFER FABER 2442 FLETCHER DR NE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: KEVIN FISK 12182 18 MILE RD GOWEN, MI 49326 5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT AFFAIRS</u> Employer <u>LKQ CORPORATION</u> Business Address <u>12182 18 MILE RD, GOWEN, MI 49326</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>120.00</u>

Page Subtotal 298.20

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

1. Committee I.D. Number 20200031
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: MARC GESINK 635 HOYT ST SE GRAND RAPIDS, MI 49507 5. If over \$100.00 cumulative, please provide: Occupation <u>GEOLOGIST</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: NATE GILLESPIE 201 MICHIGAN ST NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: CHRIS GLASS 819 GIDDINGS AVE SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>AREA VICE PRESIDENT</u> Employer <u>GALLAGHER</u> Business Address <u>300 OTTAWA AVE NW, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DAVID HAMM 1530 ANDOVER RD SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>10.00</u>	\$ <u>10.00</u>

Page Subtotal **90.00**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JAMES HAVEMAN 2656 NORWAY MAPLE CT SE GRAND RAPIDS, MI 49512	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DAVE HILDENBRAND 2700 TIMPSON AVE SE LOWELL, MI 49331	\$ <u>20.82</u>	\$ <u>170.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>KELLEY CAWTHORNE</u> Business Address <u>208 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: HORSEPOWER PAC 1731 BLUE GRASS RD LANSING, MI 48906	\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: RICHARD HOUSKAMP 838 ALEDA CT SE GRAND RAPIDS, MI 49508	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **160.82**

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

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: BRIAN KOLESAR 4221 DEL MAR VILLAGE DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>15.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DENISE KOLESAR 4221 DEL MAR VILLAGE DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>15.00</u>	\$ <u>15.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: DANIEL KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3219 EASTERN AVE SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30.82</u>	\$ <u>30.82</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: HEATHER LOMBARDINI 2524 KEVERN WAY MERIDIAN TWP, MI 48864 5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>BRIGHT SPARK STRATEGIES</u> Business Address <u>106 W ALLEGAN ST, STE 200, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>25.00</u>

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**ITEMIZED CONTRIBUTIONS
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: RUSTY MERCHANT 13500 BECKWITH DR NE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>MCCALVEY MERCHANT & ASSOCIATES</u> Business Address <u>120 W OTTAWA ST, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: KELLY MITCHELL 5915 CASTLE BROOK AVE SE GRAND RAPIDS, MI 49508 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5915 CASTLE BROOK AVE SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JON NUNN 143 LAFAYETTE AVE NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SIBSCO LLC</u> Business Address <u>220 LYON ST NW, #510, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>

Page Subtotal 2,140.00

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JOYCE SMITH 2563 PINE DUNES DR SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: VERHEULEN LEADERSHIP FUND 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ <u>130.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JOHN WETZEL 3854 CRYSTAL ST SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>PURE POS INC.</u> Business Address <u>3854 CRYSTAL ST SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>120.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/13/2023</u> Name & Address: JENN MERCHANT FOR COUNTY COMMISSION 13500 BECKWITH DR NE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **170.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>12/14/2023</u> 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 _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/14/2023</u> Name & Address: TISH LOFTIS 1623 SPRINGWIND DR SW BYRON CENTER, MI 49315 5. If over \$100.00 cumulative, please provide: Occupation <u>FA</u> Employer <u>AMWAY</u> Business Address <u>5410 44TH ST, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>52.05</u>	\$ <u>52.05</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/16/2023</u> Name & Address: ROBERT SMITH 2845 BURTON ST SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ALLIANCE BEV.</u> Business Address <u>4190 60TH ST, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>10.41</u>	\$ <u>10.41</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/2023</u> Name & Address: HEATHER LOMBARDINI 2524 KEVERN WAY MERIDIAN TWP, MI 48864 5. If over \$100.00 cumulative, please provide: Occupation <u>POLITICAL CONSULTANT</u> Employer <u>BRIGHT SPARK STRATEGIES</u> Business Address <u>106 W ALLEGAN ST, STE 200, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>8,300.00</u>	\$ <u>8,325.00</u>

Page Subtotal **8,512.46**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JAMES BOLGER 201 MICHIGAN ST NW UNIT 1102 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: GLENN GETSCHOW 3406 GOODWOOD DR SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: PATRICIA AYARS 3604 FULTON ST E APT 233 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>STAR TRUCK RENTALS</u> Business Address <u>3940 EASTERN, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal **820.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JOHN DARLINE 35 PORTER HILLS DR SE GRAND RAPIDS, MI 49546	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: HOLLY DEGENNARO 1121 EDISON AVE NW GRAND RAPIDS, MI 49504	\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JO DEMARCO 519 W ABBEY MILL DR ADA, MI 49301	\$ <u>20.00</u>	\$ <u>40.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: MICHAEL DEVRIES 3632 MONARCH DR NE GRAND RAPIDS, MI 49525	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 90.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: KIM GARY 7635 LUCA VISTA DR ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: AREND LUBBERS 3761 COOK VALLEY BLVD SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: SUSAN MCCARTHY 1440 EDGEWOOD AVE SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: THOMAS MOERDYK 6516 LEISURE CREEK DR SE CALEDONIA, MI 49316 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>5.00</u>	\$ <u>5.00</u>

Page Subtotal **85.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: JANE OWEN 9580 68TH ST SE ALTO, MI 49302 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: MICHAEL POWERS 1965 15 MILE RD NE SPARTA, MI 49345 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: GEORGE PULASKI 1946 CROSS BEND ST NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>3.00</u>	\$ <u>3.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: ELAINE RONGEY 2263 EL DORADO DR SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **173.00**

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: CARL VERBEEK 2775 WHITEBUD CT SE KENTWOOD, MI 49512	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM</u> Business Address <u>333 BRIDGE ST NW, #1700, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/20/2023</u> Name & Address: RANDY WILCOX 13089 68TH ST SE ALTO, MI 49302	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: ALAN ABRAHAM 7841 WHITBURN DR SE ADA, MI 49301	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: PHILIP BALKEMA 1541 PONTIAC RD SE GRAND RAPIDS, MI 49506	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **245.00**

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

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: WILLIAM BUCHANAN 3279 WILDRIDGE DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>10.00</u>	\$ <u>10.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: JC HUIZENGA 3755 36TH ST SE STE 100 GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, STE 100, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>1,200.00</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: GREGORY MADURA 4655 WESTGATE AVE NW COMSTOCK PARK, MI 49321 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: MONTE REINERT 1053 SAN JOSE DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u>

Page Subtotal 270.00

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: DONNA SCHMIDT 9340 LAKE GERALD DR SPARTA, MI 49345	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>DLS SERVICING</u> Business Address <u>5025 PLAINFIELD AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/2023</u> Name & Address: DONALD STORTEBOOM 7160 WILKINSON DR NE ROCKFORD, MI 49341	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: WILLIAM BRENNAN 4120 E GABLES CT NE GRAND RAPIDS, MI 49525	\$ <u>80.00</u>	\$ <u>100.82</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRENNAN LEGAL CONSULTING</u> Business Address <u>4120 E GABLES CT NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JOHN LOWERY 3188 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>APPLIED IMAGING</u> Business Address <u>5555 GLENWOOD HILLS PKWY SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal 240.00

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

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: MIKE ELLIS 2090 STICKLEY DR SE GRAND RAPIDS, MI 49546	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>ELLIS PARKING</u> Business Address <u>40 PEARL ST NW, STE 824, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: MARK MURRAY 1940 TALAMORE CT SE GRAND RAPIDS, MI 49546	\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506	\$ <u>4,000.00</u>	\$ <u>4,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: MARK BISSELL 2840 PIONEER CLUB RD SE EAST GRAND RAPIDS, MI 49506	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BISSELL</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **6,500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>STAR TRUCK RENTALS</u> Business Address <u>3940 EASTERN, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,200.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,104.10</u>
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>4150 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: KAREN DEBLAAY PO BOX 318 ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FL HANSEN CORP</u> Business Address <u>7159 THORNAPPLE RIVER DR SE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal **5,200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/29/2023</u> Name & Address: <u>GERALD DEBLAAY</u> <u>PO BOX 318</u> <u>ADA, MI 49301</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>FL HANSEN CORP</u> Business Address <u>7159 THORNAPPLE RIVER DR SE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> 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: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **200.00**

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

121,893.39

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 20200031

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> 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. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER SPACE</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: GRAND RAPIDS CHAMBER 250 MONROE AVE NW, GRAND RAPIDS, MI 49503	\$ <u>30.00</u>	\$ <u>30.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CHARLIE SECCHIA 5101 SPG RDG DR NE ADA, MI 49301 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>TABLE RENTAL</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: SPECIAL OCCASIONS 850 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	\$ <u>70.38</u>	\$ <u>2,070.38</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> 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:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD/BEVERAGES FOR FUNDRAISER</u> 5. Date Of Receipt: <u>12/13/2023</u> 6. Vendor Name & Address: KITCHEN 67 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525	\$ <u>512.78</u>	\$ <u>2,583.16</u>

Page Subtotal **613.16** **2,613.16**

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

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

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 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/2023</u> Date	\$ <u>9.85</u>
Expenditure #2 Name PAYPAL Address 2211 N 1ST ST SAN JOSE, CA 95131 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>29.39</u>
Expenditure #3 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>5.91</u>
Expenditure #4 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	\$ <u>39.40</u>
Expenditure #5 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>19.70</u>

Subtotal this page **104.25**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

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 Address 106 W ALLEGAN STE 200 LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING (DONE IN HOUSE)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>396.01</u>
Expenditure #2 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>TEXT AND EMAIL MESSAGING EXPENSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>(46.01)</u>
Expenditure #3 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2023</u> Date	\$ <u>3.94</u>
Expenditure #4 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2023</u> Date	\$ <u>43.34</u>
Expenditure #5 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2023</u> Date	\$ <u>35.46</u>

Subtotal this page **478.75**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

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 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2023</u> Date	\$ <u>13.79</u>
Expenditure #2 Name UNIVERSITY CLUB OF GRAND RAPIDS 11/1 Address 111 LYON ST NW GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>EVENT CATERING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/2023</u> Date	\$ <u>1,436.97</u>
Expenditure #3 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2023</u> Date	\$ <u>3.94</u>
Expenditure #4 Name BRIGHT SPARK STRATEGIES Address 106 W ALLEGAN STE 200 LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING (DONE IN HOUSE)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2023</u> Date	\$ <u>561.32</u>
Expenditure #5 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2023</u> Date	\$ <u>3.94</u>

Subtotal this page **2,019.96**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

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 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/2023</u> Date	\$ <u>23.64</u>
Expenditure #2 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/2023</u> Date	\$ <u>19.70</u>
Expenditure #3 Name BRIGHT SPARK STRATEGIES Address 106 W ALLEGAN STE 200 LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING (DONE IN HOUSE)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/07/2023</u> Date	\$ <u>130.48</u>
Expenditure #4 Name COMERICA Address 101 N WASHINGTON SQUARE LANSING, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE CHARGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/13/2023</u> Date	\$ <u>7.34</u>
Expenditure #5 Name WINRED Address 1776 WILSON BLVD ARLINGTON, VA 22209 <input type="checkbox"/> Fund Raiser	Purpose: <u>ONLINE DONATION FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/18/2023</u> Date	\$ <u>327.02</u>

Subtotal this page **508.18**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

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

Subtotal this page **987.55**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **4,098.69**

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 20200031
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.)

3. 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.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. 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? <input type="checkbox"/> Yes Owed to or by: PETE MACGREGOR 8209 VISTA ROYALE LN NE ROCKFORD, MI 49341	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/15/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,500.00</u>	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **1,500.00**
Grand Total of all Schedules 1E **1,500.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>11/01/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>11/1 UNIVERSITY CLUB RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>UNIVERSITY CLUB OF GRAND RAPIDS 11/1 111 LYON ST NW GRAND RAPIDS, MI 49503</u> <input type="checkbox"/> Private Residence
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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 1,588.50
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200031
2. Committee Name COMMITTEE TO ELECT PETER MACGREGOR

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>12/13/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity KENT COUNTYWIDE 5 JOINT FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. GRAND RAPIDS CHAMBER 250 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions 27,391.99
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 27,391.99
10. Total Cost of Event 8,003.55
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<u>COMM TO ELECT PETER MACGREGOR</u>	<u>20</u>	<u>20</u>
<u>COMM TO ELECT CHRIS BECKER</u>	<u>20</u>	<u>20</u>
<u>LISA POSTHUMUS LYONS FOR COUNTY CLERK</u>	<u>20</u>	<u>20</u>
<u>COMM TO KEEP SHERIFF MICHELLE LAJOYE-YOUNG</u>	<u>20</u>	<u>20</u>
<u>COMM TO ELECT KEN YONKER FOR KG DRAIN COMM</u>	<u>20</u>	<u>20</u>
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- 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.