



FILED

31 JAN 2024 AM 09:54

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

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**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

**2023021**

4. Candidate Last Name First Name M.I.

**LAGRAND DAVID M**

2. Committee Name

**LAGRAND FOR GRAND RAPIDS**

4a. Office Sought Including District # or Community Served (If applicable)

**MAYOR, GRAND RAPIDS**

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

5. Committee's Mailing Address

**126 LAFAYETTE AVE NE  
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 540-0994  
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

**RICHARD WILLIAMSON  
547 CHERRY ST SE  
APT H  
GRAND RAPIDS, MI 49503**

Area Code & Phone (616) 499-1814

7. Treasurer's Business Address

**547 CHERRY ST SE  
APT H  
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

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

**RICHARD WILLIAMSON  
547 CHERRY ST SE  
APT H  
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 499-1814

**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

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.)

Date of Election, Convention or Caucus

**9e. Dissolution of Candidate Committee**

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**01/31/2024**

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**01/31/2024**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2023021

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name LAGRAND FOR GRAND RAPIDS

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>17,891.59</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>17,891.59</u>	(18.) \$ <u>49,715.24</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>17,891.59</u>	(20.) \$ <u>49,715.24</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>620.00</u>	(21.) \$ <u>4,039.24</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5,747.58</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>5,747.58</u>	(23.) \$ <u>14,455.69</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>23,115.54</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>17,891.59</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>41,007.13</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>5,747.58</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>35,259.55</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>10/22/2023</u>	
Name & Address: <b>MICHAEL HIRSCH</b> <b>306 JAMES AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>25.00</u>	\$ <u>150.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: <b>PAUL VAN DEVENDER</b> <b>41474 REINDEER DR</b> <b>NOVI, MI 48375</b>		\$ <u>75.00</u>	\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/2023</u>	
Name & Address: <b>JORDAN KURKOWSKI</b> <b>2052 GORHAM DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>75.00</u>	\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/2023</u>	
Name & Address: <b>ZACH VERHULST</b> <b>422 LEONARD ST NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>129.26</u>	\$ <u>129.26</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>PURE ARCHITECTS</u> Business Address <u>180 MONROE AVE NW, STE 3E, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 304.26

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>10/30/2023</u>	
Name & Address: <b>DAVID DIEPHOUSE</b> 1650 CAMBRIDGE DR SE GRAND RAPIDS, MI 49506		\$ <u>258.32</u>	\$ <u>258.32</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/2023</u>	
Name & Address: <b>CARL PLANTINGA</b> 3570 REEDS CROSSING DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR RESEARCH FELLOW</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" 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>10/30/2023</u>	
Name & Address: <b>DAVID DORNER</b> 2000 THORNAPPLE RIVER DR SE GRAND RAPIDS, MI 49546		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>DORNERWORKS</u> Business Address <u>3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" 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>10/30/2023</u>	
Name & Address: <b>KARL SWEDBERG</b> 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE ENGINEER</u> Employer <u>BAMF</u> Business Address <u>109 MICHIGAN ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 958.32

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>10/30/2023</u>	
Name & Address: <b>JEFF SHUTZ</b> 1115 CADILLAC DR SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>1,500.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/2023</u>	
Name & Address: <b>JORDAN KURKOWSKI</b> 2052 GORHAM DR SE GRAND RAPIDS, MI 49506		\$ <u>77.64</u>	\$ <u>152.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>AMWINS</u> Business Address <u>37 OTTAWA AVE NW, STE 202, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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>10/30/2023</u>	
Name & Address: <b>ROBERT VANSTRIGHT</b> 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>1,000.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/31/2023</u>	
Name & Address: <b>EMILY LOEKS</b> 1333 MILTON ST SE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF COMMUNITY AFFAIRS</u> Employer <u>CELEBRATION CINEMA</u> Business Address <u>2121 CELEBRATION DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 1,577.64

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/31/2023</u>	
Name & Address: <b>SUSAN MEYER</b> 2215 SYLVAN AVE SE GRAND RAPIDS, MI 49506		\$ <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 _____ Type of Contribution: <input checked="" 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>10/31/2023</u>	
Name & Address: <b>HARVEY KONING</b> 5364 QUEENSBURY DR SE KENTWOOD, MI 49508		\$ <u>258.32</u>	\$ <u>258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM LLP</u> Business Address <u>333 BRIDGE ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" 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>11/01/2023</u>	
Name & Address: <b>JIM SCHIPPER</b> 2241 BURNING TREE DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RHOADES MCKEE</u> Business Address <u>55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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: <b>HARDY LEE</b> 1325 HOPE ST SE GRAND RAPIDS, MI 49506		\$ <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 _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 758.32

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1. Committee I.D. Number 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/02/2023</u>	
Name & Address: <b>JOHN WYNBEEK</b> <b>1550 PONTIAC RD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>GENESIS NON PROFIT HOUSING CORPORATION</u> Business Address <u>851 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" 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: <b>STEVE TENELSHOF</b> <b>216 PROSPECT AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>GRAND RAPIDS EMERGENCY MEDICAL GROUP</u> Business Address <u>300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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: <b>CYNTHIA KOK</b> <b>3570 REEDS CROSSING DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PSYCHOLOGIST</u> Employer <u>CYNTHIA KOK THERAPY</u> Business Address <u>983 SPAULDING AVE SE, ADA, MI 49301</u> Type of Contribution: <input checked="" 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: <b>DAVID LEONARD</b> <b>6383 REDINGTON DR SE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>COREWELL HEALTH</u> Business Address <u>221 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 650.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/04/2023</u>	
Name & Address: <b>EMILY BRINK</b> <b>2031 LITTLE HERON CT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" 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>11/04/2023</u>	
Name & Address: <b>CLAUDIA BEVERSLUIS</b> <b>322 AURORA ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/04/2023</u>	
Name & Address: <b>CAROL ROTTMAN</b> <b>1911 THORN RUN CT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <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 _____ Type of Contribution: <input checked="" 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>11/04/2023</u>	
Name & Address: <b>VIRGINIA LAGRAN</b> <b>255 COLLEGE AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/04/2023</u>	
Name & Address: <b>LORI KEEN</b> <b>501 ALGER ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAB MANAGER</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" 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>11/04/2023</u>	
Name & Address: <b>RODGER RICE</b> <b>2105 RAYBROOK ST SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <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 _____ Type of Contribution: <input checked="" 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>11/06/2023</u>	
Name & Address: <b>STEVEN PESTKA</b> <b>2517 ASHWOOD CT SE</b> <b>ADA, MI 49301</b>		\$ <u>400.00</u>	\$ <u>1,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>H &amp; M MANAGEMENT &amp; DEVELOPMENT CO.</u> Business Address <u>2920 FULLER AVE NE, GRAND RAPIDS, MI 49505</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>11/06/2023</u>	
Name & Address: <b>CHRISTOPHER YATES</b> <b>2622 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>KENT COUNTY CIRCUIT COURT</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,100.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/06/2023</u> Name & Address: GRACE BRADFORD 2198 N THRUSH CT SE GRAND RAPIDS, MI 49546		\$ <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 _____ Type of Contribution: <input checked="" 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>11/06/2023</u> Name & Address: ELIZABETH GREIDANUS 200 SLIGH BLVD NE GRAND RAPIDS, MI 49505		\$ <u>100.00</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 checked="" 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>11/06/2023</u> Name & Address: JAY HOEKSTRA 315 BENJAMIN AVE SE GRAND RAPIDS, MI 49506		\$ <u>75.00</u>	\$ <u>75.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/06/2023</u> Name & Address: MARY JACKSON 2118 WATERMARK DR SE GRAND RAPIDS, MI 49546		\$ <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 _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 675.00

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: JOHN HELMHOLDT 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SEYFERTHPR</u> Business Address <u>40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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>11/06/2023</u>	
Name & Address: GARY DE KOCK 1673 WALKER AVE NW GRAND RAPIDS, MI 49504		\$ <u>300.00</u>	\$ <u>653.45</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/06/2023</u>	
Name & Address: HAL OSTROW 144 BAYNTON AVE NE GRAND RAPIDS, MI 49503		\$ <u>258.32</u>	\$ <u>516.64</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RHOADES MCKEE</u> Business Address <u>55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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>11/06/2023</u>	
Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301		\$ <u>75.00</u>	\$ <u>675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>17TH CIRCUIT COURT</u> Business Address <u>180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 883.32

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/06/2023</u>	
Name & Address: JOHNNY BRANN JR 5057 GRAND RIVER DR NE GRAND RAPIDS, MI 49525		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANNS</u> Business Address <u>1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" 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>11/06/2023</u>	
Name & Address: JOAN SECCHIA 2833 BONNELL AVE 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>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" 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>11/07/2023</u>	
Name & Address: KENNETH HEFFNER 209 HAMPTON AVE SE GRAND RAPIDS, MI 49506		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROVOST</u> Employer <u>CALVIN COLLEGE</u> Business Address <u>3201 BURTON ST SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" 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>11/07/2023</u>	
Name & Address: JESSICA LOWERY 2438 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address <u>2438 OKEMOS DR SE, GRAND RAPIDS, MI 49506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,550.00

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/08/2023</u>	
Name & Address: GERALD LYKINS 3031 W BLUFFS DR SE GRAND RAPIDS, MI 49546		\$ <u>258.32</u>	\$ <u>258.32</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LYKINS LAW PLC</u> Business Address <u>234 DIVISION AVE N, 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>11/09/2023</u>	
Name & Address: JESSE DOUGLAS 10 MAYFAIR DR NE GRAND RAPIDS, MI 49503		\$ <u>516.45</u>	\$ <u>516.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER, GENERAL MANAGER</u> Employer <u>VICINITY ENERGY</u> Business Address <u>50 LOUIS ST NW, STE 500, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/09/2023</u>	
Name & Address: AMANDA NARVAES LOCKWOOD ST NE GRAND RAPIDS, MI 49503		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DREW, COOPER &amp; ANDING</u> Business Address <u>80 OTTAWA AVE NW, STE 200, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" 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>11/15/2023</u>	
Name & Address: JR MUELLER 8232 MORNING DEW CT SW BYRON CENTER, MI 49315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WEST MICHIGAN TECHNOLOGY AND DESIGN SOLUTIONS</u> Business Address <u>8232 MORNING DEW CT SW, BYRON CENTER, MI 49315</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 974.77

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/15/2023</u>	
Name & Address: <b>ISABEL OSBORN</b> <b>2036 STANFORD DR SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INVESTOR</u> Employer <u>STATE FARM</u> Business Address <u>2258 28TH ST SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" 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>11/15/2023</u>	
Name & Address: <b>ARIELLE LEIPHAM ELLIS</b> <b>52 AUBURN AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: <input checked="" 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>11/17/2023</u>	
Name & Address: <b>MATTHEW HEUN</b> <b>121 BAYNTON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>250.00</u>	\$ <u>250.00</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 49506</u> Type of Contribution: <input checked="" 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>11/17/2023</u>	
Name & Address: <b>DARLENE LEE</b> <b>1557 BELMAR DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PR CONSULTANT</u> Employer <u>DARLING COMMUNICATIONS</u> Business Address <u>1557 BELMAR DR SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **426.83**

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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: <b>BRANDON KANITZ</b> <b>3220 S LEE POINT RD</b> <b>SUTTONS BAY, MI 49682</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>THORNAPPLE RIVER CAPITAL</u> Business Address <u>320 HALL ST SW, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" 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>11/21/2023</u>	
Name & Address: <b>MAX AULBACH</b> <b>1840 CRESCENT DR NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATIVE DIRECTOR</u> Employer <u>MICHIGAN STATE HOUSE</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: <b>GRACE JOLDERSMA</b> <b>1900 ENGLEWOOD DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>206.70</u>	\$ <u>206.70</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>11/21/2023</u>	
Name & Address: <b>KARL WESTERHOF</b> <b>2220 PARIS AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</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			

Page Subtotal 741.70

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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: <b>JOHN APOL</b> <b>4921 N QUAIL CREST DR SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>51.83</u>	\$ <u>51.83</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: <b>PHIL KIRKHAM</b> <b>665 HONEY CREEK</b> <b>ADA, MI 49301</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SW TESTER</u> Employer <u>ATOMIC OBJECT</u> Business Address <u>1034 WEALTHY ST SE, GRAND RAPIDS, MI 49506</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>11/21/2023</u>	
Name & Address: <b>FRANK LYNN</b> <b>3446 DEVON DR NE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>10.00</u>	\$ <u>10.00</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>11/21/2023</u>	
Name & Address: <b>DONALD TAYLOR</b> <b>4536 HERSMAN ST SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>103.45</u>	\$ <u>660.35</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			

Page Subtotal 175.28

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

1. Committee I.D. Number 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: <b>QUENTIN READER</b> <b>3259 BIRD AVE NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>26.01</u>	\$ <u>26.01</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/21/2023</u>	
Name & Address: <b>SARA SAENZ</b> <b>209 REX ST</b> <b>SPRING LAKE, MI 49456</b>		\$ <u>26.01</u>	\$ <u>26.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARTIST</u> Employer <u>SELF</u> Business Address <u>209 REX ST, SPRING LAKE, MI 49456</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>11/21/2023</u>	
Name & Address: <b>JACQUELYN WATSON</b> <b>2439 HIGHRIDGE LN SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>51.83</u>	\$ <u>51.83</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>11/22/2023</u>	
Name & Address: <b>MICHAEL HIRSCH</b> <b>306 JAMES AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>25.00</u>	\$ <u>175.00</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			

Page Subtotal **128.85**

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/22/2023</u>	
Name & Address: THOMAS HOEKSEMA SR 1650 MILLBROOK ST SE GRAND RAPIDS, MI 49508		\$ <u>250.00</u>	\$ <u>350.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/22/2023</u>	
Name & Address: DAVID KIESEL 5429 CHRISTIE AVE SE KENTWOOD, MI 49508		\$ <u>10.00</u>	\$ <u>10.00</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>11/23/2023</u>	
Name & Address: PHILIP QUIST 2111 RAYBROOK ST SE APT 4001 GRAND RAPIDS, MI 49546		\$ <u>103.45</u>	\$ <u>206.90</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>11/25/2023</u>	
Name & Address: UKO ZYLSTRA 2326 PARIS AVE SE GRAND RAPIDS, MI 49507		\$ <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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 563.45

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/27/2023</u>	
Name & Address: <b>ANN SULLIVAN-SOET</b> <b>2158 TECUMSEH DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>26.01</u>	\$ <u>26.01</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/28/2023</u>	
Name & Address: <b>STEPHEN WATERBURY</b> <b>150 WOODWARD LN SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>103.45</u>	\$ <u>103.45</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>11/28/2023</u>	
Name & Address: <b>RANDALL CURREY</b> <b>615 COLLEGE AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>50.00</u>	\$ <u>50.00</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>11/28/2023</u>	
Name & Address: <b>RICHARD VANDERVEEN</b> <b>102 W WASHINGTON ST</b> <b>STE 214</b> <b>MARQUETTE, MI 49855</b>		\$ <u>103.45</u>	\$ <u>103.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MACKINAW POWER</u> Business Address <u>102 W WASHINGTON ST, STE. 214, MARQUETTE, MI 49855</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 282.91

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/28/2023</u>	
Name & Address: <b>SHERYL SMALLIGAN</b> <b>2345 RIDGEFIELD DR NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <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 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>11/28/2023</u>	
Name & Address: <b>JAMES PRESCOTT</b> <b>44171 DEEP HOLLOW CIR</b> <b>NORTHVILLE, MI 48168</b>		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u> Business Address <u>701 S STATE ST, ANN ARBOR, MI 48104</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>11/29/2023</u>	
Name & Address: <b>DONALD TAYLOR</b> <b>4536 HERSMAN ST SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>103.45</u>	\$ <u>763.80</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>11/29/2023</u>	
Name & Address: <b>JEFFREY SCHAD</b> <b>933 PRINCETON BLVD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>51.83</u>	\$ <u>51.83</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			

Page Subtotal **307.11**

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>11/29/2023</u>	
Name & Address: <b>ROBERT CROW</b> 1015 IROQUOIS DR SE GRAND RAPIDS, MI 49506		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPMENT OFFICER</u> Employer <u>MULTIPLY222 NETWORK</u> Business Address <u>477 SW CASHMERE BLVD, PORT ST. LUCIE, FL 34986</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>11/30/2023</u>	
Name & Address: <b>CASE HOOGENDOORN</b> 122 S MICHIGAN AVE CHICAGO, IL 60603		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HOOGENDOORN &amp; TALBOT LLC</u> Business Address <u>122 S MICHIGAN AVE, STE 1220, CHICAGO, IL 60603</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>11/30/2023</u>	
Name & Address: <b>MICHAEL RUBINGH</b> N1563 CO RD H PALMYRA, WI 53156		\$ <u>51.83</u>	\$ <u>51.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS MANAGER</u> Employer <u>CHILDHOOD AUTISM THERAPIES</u> Business Address <u>119 MILL RD, PALMYRA, WI 53156</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/30/2023</u>	
Name & Address: <b>KAREN HELDER</b> 2452 VILLAGE DR SE GRAND RAPIDS, MI 49506		\$ <u>51.83</u>	\$ <u>151.83</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			

Page Subtotal **378.66**

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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>12/01/2023</u> Name & Address: <b>JAMES BRATT</b> <b>2435 LINDEN AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>150.00</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 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: <b>DAVID MATUREN</b> <b>7849 S SPRINKLE RD</b> <b>PORTAGE, MI 49002</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPRAISER</u> Employer <u>SELF</u> Business Address <u>7849 S SPRINKLE RD, PORTAGE, MI 49002</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>12/03/2023</u> Name & Address: <b>KEN JACOBS</b> <b>1822 ARAPAHOE ST</b> <b>GOLDEN, CO 80401</b>		\$ <u>26.01</u>	\$ <u>51.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</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>12/04/2023</u> Name & Address: <b>DEAN GUNNINK</b> <b>4350 BEDFORD ST S E</b> <b>KENTWOOD, MI 49512</b>		\$ <u>26.01</u>	\$ <u>77.84</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICAL PLANT ASSISTANT DIRECTOR</u> Employer <u>CALVIN UNIVERSITY</u> Business Address <u>1475 KNOLLCREST CIRCLE SOUTHEAST, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 202.02

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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: <b>RON DEWAARD</b> <b>4522 WHITEWOOD FARMS DR NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>516.45</u>	\$ <u>516.45</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM</u> Business Address <u>333 BRIDGE ST NW, STE 1700, 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			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>12/05/2023</u> Name & Address: <b>RODNEY COBBINS</b> <b>5748 PINEKNOLL CT SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>EDUSTAFF</u> Business Address <u>4120 BROCKTON DR SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>12/06/2023</u> Name & Address: <b>JOHN COOPER SR</b> <b>549 MORRIS AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <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 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>12/08/2023</u> Name & Address: <b>STEVEN DEJONG</b> <b>936 WALSH ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SILLY</u> Employer <u>SILLY</u> Business Address <u>936 WALSH ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 821.45

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 2023021  
2. Committee Name LAGRAND FOR GRAND RAPIDS

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: <b>PAUL IPPEL</b> <b>2353 JEFFERSON DR SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>206.70</u>	\$ <u>206.70</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/22/2023</u>	
Name & Address: <b>MICHAEL HIRSCH</b> <b>306 JAMES AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>25.00</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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>12/28/2023</u>	
Name & Address: <b>GRAND RAPIDS FIREFIGHTERS UNION PAC</b> <b>1930 FULLER AVE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>2,500.00</u>	\$ <u>5,000.00</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 _____	
Name & Address		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

2,731.70

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

17,891.59

Enter this total on  
line 3a of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2023021

## CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

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: <b>JANENE CUMMINGS</b> <b>605 ABERDEEN ST NE</b> <b>GRAND RAPIDS, MI 49505</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>HOMEMAKER</b> Employer Name & Business Address: <b>SELF</b> <b>605 ABERDEEN ST NE,</b> <b>GRAND RAPIDS, MI 49505</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD/BEVERAGE, VENUE FEE</u> 5. Date Of Receipt: <u>11/08/2023</u> 6. <b>Vendor Name &amp; Address:</b> <b>SAUGATUCK BREWING CO.</b> <b>1504 PLAINFIELD AVE NE,</b> <b>GRAND RAPIDS, MI 49505</b>	\$ <b>620.00</b>	\$ <b>620.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input 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- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>	\$ _____	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input 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- <b>LOAN</b> Description _____ 5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

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Page Subtotal **620.00** **620.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **620.00**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ZIPPITY PRINT</b>  Address <b>1600 E 23RD ST CLEVELAND, OH 44114</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/27/2023</b> Date	\$ <b>88.95</b>
Expenditure #2 Name <b>EASTOWN US POST OFFICE</b>  Address <b>1451 LAKE DR SE GRAND RAPIDS, MI 49516</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/27/2023</b> Date	\$ <b>132.00</b>
Expenditure #3 Name <b>KIRA WILSON</b>  Address <b>1525 108TH ST SW BYRON CENTER, MI 49315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/31/2023</b> Date	\$ <b>485.70</b>
Expenditure #4 Name <b>KRISHNA MANO</b>  Address <b>3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/31/2023</b> Date	\$ <b>265.80</b>
Expenditure #5 Name <b>WILLIAM DEMMINK</b>  Address <b>6960 OLDE PINE DR GEORGETOWN TWP, MI 49428</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/31/2023</b> Date	\$ <b>444.60</b>

Subtotal this page

**1,417.05**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>GOOGLE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GSUITES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/01/2023</b> Date	\$ <b>18.00</b>
Expenditure #2 Name <b>PARAGON PAYMENT SOLUTIONS</b>  Address <b>2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/02/2023</b> Date	\$ <b>213.11</b>
Expenditure #3 Name <b>FAMILY FARE</b>  Address <b>1415 FULTON ST E GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>EVENT FOOD/DRINK</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/2023</b> Date	\$ <b>16.93</b>
Expenditure #4 Name <b>GORDON FOOD SERVICE</b>  Address <b>1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>EVENT FOOD/DRINK</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/2023</b> Date	\$ <b>140.66</b>
Expenditure #5 Name <b>HOMEBASE</b>  Address <b>835 HOWARD ST 2ND FLOOR SF, CA 94103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOFTWARE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/13/2023</b> Date	\$ <b>1.00</b>

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**389.70**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SUMMER KHAN</b>  Address <b>7545 KENROB DR SE</b> <b>GRAND RAPIDS, MI 49546</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/15/2023</b> Date	\$ <b>45.00</b>
Expenditure #2 Name <b>GEORGE HOLMES</b>  Address <b>3230 BONNELL AVE SE</b> <b>EAST GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/15/2023</b> Date	\$ <b>45.00</b>
Expenditure #3 Name <b>MEIJER</b>  Address <b>1997 E BELTLINE AVE NE</b> <b>GRAND RAPIDS, MI 49525</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>EVENT FOOD/DRINK</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/15/2023</b> Date	\$ <b>22.63</b>
Expenditure #4 Name <b>MEIJER</b>  Address <b>1997 E BELTLINE AVE NE</b> <b>GRAND RAPIDS, MI 49525</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>EVENT FOOD/DRINK</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/15/2023</b> Date	\$ <b>72.16</b>
Expenditure #5 Name <b>COMCAST BUSINESS</b>  Address <b>1971 E BELTLINE AVE NE</b> <b>GRAND RAPIDS, MI 49525</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>INTERNET</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/16/2023</b> Date	\$ <b>124.79</b>

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**309.58**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>KIRA WILSON</b>  Address <b>1525 108TH ST SW</b> <b>BYRON CENTER, MI 49315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/17/2023</b> Date	\$ <b>249.90</b>
<b>Expenditure #2</b> Name <b>KRISHNA MANO</b>  Address <b>3407 MASON RIDGE DR NE</b> <b>GRAND RAPIDS, MI 49525</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/17/2023</b> Date	\$ <b>56.70</b>
<b>Expenditure #3</b> Name <b>WILLIAM DEMMINK</b>  Address <b>6960 OLDE PINE DR</b> <b>GEORGETOWN TWP, MI 49428</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/17/2023</b> Date	\$ <b>566.28</b>
<b>Expenditure #4</b> Name <b>ZIPPITY PRINT</b>  Address <b>1600 E 23RD ST</b> <b>CLEVELAND, OH 44114</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/20/2023</b> Date	\$ <b>336.63</b>
<b>Expenditure #5</b> Name <b>NGP VAN</b>  Address <b>655 15TH ST NW</b> <b>SUITE 650</b> <b>WASHINGTON, DC 20005</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>SOFTWARE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/24/2023</b> Date	\$ <b>320.00</b>

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**1,529.51**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>KRISHNA MANO</b>  Address <b>3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/30/2023</b> Date	\$ <b>51.45</b>
Expenditure #2 Name <b>KIRA WILSON</b>  Address <b>1525 108TH ST SW BYRON CENTER, MI 49315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/30/2023</b> Date	\$ <b>326.40</b>
Expenditure #3 Name <b>SUMMER KHAN</b>  Address <b>7545 KENROB DR SE GRAND RAPIDS, MI 49546</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/30/2023</b> Date	\$ <b>22.50</b>
Expenditure #4 Name <b>WILLIAM DEMMINK</b>  Address <b>6960 OLDE PINE DR GEORGETOWN TWP, MI 49428</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/30/2023</b> Date	\$ <b>241.92</b>
Expenditure #5 Name <b>GOOGLE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GSUITE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/04/2023</b> Date	\$ <b>18.00</b>

Subtotal this page

**660.27**

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

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>WIX</b>  Address <b>100 GANSEVOORT ST NEW YORK, NY 10014</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>WEBSITE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/04/2023</b> Date	\$ <b>216.00</b>
Expenditure #2 Name <b>PARAGON PAYMENT SOLUTIONS</b>  Address <b>2141 E BROADWAY RD SUITE 202 TEMPE, AZ 85282</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/04/2023</b> Date	\$ <b>275.12</b>
Expenditure #3 Name <b>NGP VAN</b>  Address <b>655 15TH ST NW SUITE 650 WASHINGTON, DC 20005</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOFTWARE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/04/2023</b> Date	\$ <b>320.00</b>
Expenditure #4 Name <b>HOMEBASE</b>  Address <b>835 HOWARD ST 2ND FLOOR SF, CA 94103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOFRWARE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/13/2023</b> Date	\$ <b>24.95</b>
Expenditure #5 Name <b>KIRA WILSON</b>  Address <b>1525 108TH ST SW BYRON CENTER, MI 49315</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/22/2023</b> Date	\$ <b>310.05</b>

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**1,146.12**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>KRISHNA MANO</b>  Address <b>3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/22/2023</b> Date	\$ <b>29.25</b>
Expenditure #2 Name <b>SUMMER KHAN</b>  Address <b>7545 KENROB DR SE GRAND RAPIDS, MI 49546</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/22/2023</b> Date	\$ <b>21.30</b>
Expenditure #3 Name <b>GEORGE HOLMES</b>  Address <b>3230 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/22/2023</b> Date	\$ <b>54.00</b>
Expenditure #4 Name <b>WILLIAM DEMMINK</b>  Address <b>6960 OLDE PINE DR GEORGETOWN TWP, MI 49428</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STIPEND</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>12/28/2023</b> Date	\$ <b>190.80</b>
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	\$ _____

Subtotal this page **295.35**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **5,747.58**

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**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>11/03/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>23</b>	5. Type of Fund Raising Activity  <b>RECEPTION</b>	6. Address and Name (If any) of the place where the activity was held. <b>1575 ALEXANDER ST SE GRAND RAPIDS, MI 49506</b> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions **6,333.32**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **6,333.32**  
10. Total Cost of Event **157.59**  
(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 **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>11/06/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>16</b>	5. Type of Fund Raising Activity  <b>RECEPTION</b>	6. Address and Name (If any) of the place where the activity was held. <b>SAUGATUCK BREWING CO. CRESTON TAPROOM 1504 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **5,018.54**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **5,018.54**  
10. Total Cost of Event **0.01**  
(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 **2023021**  
2. Committee Name **LAGRAND FOR GRAND RAPIDS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>11/15/2023</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>8</b>	5. Type of Fund Raising Activity  <b>RECEPTION</b>	6. Address and Name (If any) of the place where the activity was held. <b>LAFLEUR MARKETING</b> <b>549 OTTAWA AVE NW</b> <b>STE 201</b> <input type="checkbox"/> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Private Residence
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7. Total Contributions **1,575.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,575.00**  
10. Total Cost of Event **94.79**  
(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.