

CANDIDATE COMMITTEE COVER PAGE

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31 JAN 2024 AM 09:54

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

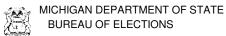
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		<u> </u>		
Report must be legible, typed or printed in ir the treasurer (or designated record keeper)	nk and signed by and candidate.	3. This Statement covers From	¹¹ 10/21/2023 to 1	2/31/2023
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
2023021		LAGRAND	DAVID	M
2. Committee Name		4a. Office Sought Including Dis	• •	f applicable)
LAGRAND FOR GRANI	DANDIDS	MAYOR, GRAND RAPI	D3	
	טוואווט	4b. County of Residence KEI	NT COUNTY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
126 LAFAYETTE AVE NE		RICHARD WILLIAM	SON	
GRAND RAPIDS, MI 49503		547 CHERRY ST SI	Ξ	
		APT H	U 40500	
Area Code and Phone (616) 540-0994	·	GRAND RAPIDS, M	II 49503	
If the address in this box is different from the mailing address on the Statement of Organiza be sent to this address by the filing official.	committee ation, mail may	Area Code & Phone (616)	499-1814	<u> </u>
7. Treasurer's Business Address		Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a
547 CHERRY ST SE		RICHARD WILLIAM	ISON	
APT H		547 CHERRY ST SI	E	
GRAND RAPIDS, MI 49503		APT H		
		GRAND RAPIDS, M	II 49503	
Area Code and Phone (616) 499-18	<u>14</u>	Area Code and Phone (61	6) 499-1814	
9. TYPE OF STATEMENT	Required Of	NLY if candidate	9e. Dissolution of Candida	ite Committee
9a. Pre-Election OR 9b. Post-Elec	is not on the	ballot for the	— '	Ve certify any outstanding debt didate or his or her spouse is here
Pre-Election or Post-Election Statement relate	es to:		by discharged and forgiven, a	and no longer collectible from
Primary	July Quar	terly	owes no lates fees or has an	ee has no oustanding assets, y oustanding debt.
General	October C	Quarterly	Further, if the dissolution can	not be granted that this be
Convention			considered a request for the I	
Special	9c. 🔀 Annu	al Statement (2023)		
School		Coverage Year	Effective date of dis	ssolution
Caucus	(Comp indicat	dment to Campaign Statement blete Item 9a, 9b , 9c or 9e to be which Statement is being	Note: The disposition of residue 1B and the Summa	dual funds must be reported on
	amend	ucu.)	Concadio 1D and the Suffille	ary r ago.
Date of Election, Convention or Caucus				
10. Verification: I\We certify that all reasonable my\our knowledge and belief the contents are			ent and attached schedules (if	any) and to the best of
Current Treasurer or		1	Submitted electronically, signature on file	01/31/2024
Designated Record keeper Type or Print N	lame	Signature	——— Date	J 1/J 1/LULT
			Submitted electronically,	01/21/2024
CandidateType or Print		/ Cimpatana	signature on file Date	01/31/2024
I Voe or Print	ıvame	Signature		

1. Committee I.D. Number 2023021

SUMMARY PAGE CANDIDATE COMMITTEE

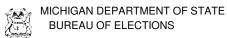
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 17,891.59	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 17,891.59	(18.) \$ 49,715.24
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 17,891.59	(20.) \$ 49,715.24
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 620.00	(21.) \$ 4,039.24
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 5,747.58	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 5,747.58	(23.) \$ 14,455.69
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 23,115.54	
(Enter zero if no previous reports have been filed.)	(14.) + \$ 17,891.59	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_41,007.13	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,747.58</u>	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ 35,259.55	
"	, , .	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ____2023021

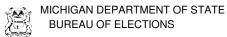
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/22/2023 Name & Address: MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/26/2023 Name & Address PAUL VAN DEVENDER 41474 REINDEER DR NOVI, MI 48375	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/26/2023 Name & Address: JORDAN KURKOWSKI 2052 GORHAM DR SE GRAND RAPIDS, MI 49506	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/29/2023 Name & Address ZACH VERHULST 422 LEONARD ST NW GRAND RAPIDS, MI 49504	_{\$} 129.26	_{\$} 129.26
5. If over \$100.00 cumulative, please provide:		
Occupation ARCHITECT PURE ARCHITECTS		
Business Address 180 MONROE AVE NW, STE 3E, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	304.26	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of 22	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

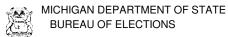
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address: DAVID DIEPHOUSE 1650 CAMBRIDGE DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address	_{\$} 258.32	_{\$} 258.32
Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/30/2023		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address CARL PLANTINGA 3570 REEDS CROSSING DR SE GRAND RAPIDS, MI 49546	\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation SENIOR RESEARCH FELLOW Employer CALVIN UNIVERSITY		
Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address: DAVID DORNER 2000 THORNAPPLE RIVER DR SE GRAND RAPIDS, MI 49546	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation FOUNDER Employer DORNERWORKS		
Business Address 3445 LAKE EASTBROOK BLVD SE, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address KARL SWEDBERG 1144 IROQUOIS DR SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SOFTWARE ENGINEER Employer BAMF		
Business Address 109 MICHIGAN ST NW, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	958.32	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of 22	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number ____2023021

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address: JEFF SHUTZ 1115 CADILLAC DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 500.00	_{\$} 1,500.00
Occupation RETIRED Employer RETIRED Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/30/2023 Name & Address JORDAN KURKOWSKI 2052 GORHAM DR SE GRAND RAPIDS, MI 49506	_{\$} 77.64	_{\$} 152.64
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer AMWINS		
Business Address 37 OTTAWA AVE NW, STE 202, GRAND RAPIDS, MI 49503		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/30/2023 ROBERT VANSTRIGHT 58 SUNNYBROOK AVE SE GRAND RAPIDS, MI 49506	\$ 500.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/31/2023		
Name & Address EMILY LOEKS 1333 MILTON ST SE GRAND RAPIDS, MI 49506	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR OF COMMUNITY AFFAIRS Employer CELEBRATION CINEMA		
Business Address 2121 CELEBRATION DR NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,577.64	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 3 of 22	Enter this total on line 3a of Summary Page.	

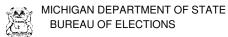


1. Committee I.D. Number __2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

CANDIDATE COMMITTEE

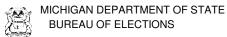
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/31/2023 Name & Address: SUSAN MEYER 2215 SYLVAN AVE SE GRAND RAPIDS, MI 49506	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/31/2023 Name & Address HARVEY KONING 5364 QUEENSBURY DR SE KENTWOOD, MI 49508	_{\$} 258.32	_{\$} 258.32
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer VARNUM LLP Business Address 333 BRIDGE ST NW, GRAND RAPIDS, MI 49504 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/01/2023 Name & Address: JIM SCHIPPER 2241 BURNING TREE DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer RHOADES MCKEE Business Address 55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address HARDY LEE 1325 HOPE ST SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$_} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Dire		
Page Subtotal	758.32	
Grand Total of All Schedules 1A		



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

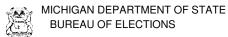
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/2023 Name & Address: JOHN WYNBEEK 1550 PONTIAC RD SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE DIRECTOR Employer GENESIS NON PROFIT HOUSING CORPORATION		
Business Address 851 LEONARD ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/2023		
Name & Address STEVE TENELSHOF		
216 PROSPECT AVE NE	_{\$} 200.00	\$ 300.00
GRAND RAPIDS, MI 49503	<u>ф</u>	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation PHYSICIAN Employer GRAND RAPIDS EMERGENCY MEDICAL GROUP		
Business Address 300 JEFFERSON AVE SE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address: CYNTHIA KOK 3570 REEDS CROSSING DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PSYCHOLOGIST Employer CYNTHIA KOK THERAPY		
Business Address 983 SPAULDING AVE SE, ADA, MI 49301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/03/2023 Name & Address		
DAVID LEONARD 6383 REDINGTON DR SE ADA, MI 49301	_{\$} 250.00	_{\$} _250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer COREWELL HEALTH		
Business Address 221 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	650.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	_



1. Committee I.D. Number ____2023021

CANDIDATE COMMITTEE

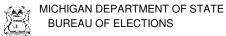
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/04/2023 Name & Address: EMILY BRINK 2031 LITTLE HERON CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED	_{\$} 250.00	_{\$} 350.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/2023 Name & Address CLAUDIA BEVERSLUIS 322 AURORA ST SE GRAND RAPIDS, MI 49507	_{\$} 100.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/04/2023 Name & Address: CAROL ROTTMAN 1911 THORN RUN CT SE GRAND RAPIDS, MI 49546	§ 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/2023 VIRGINIA LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 6 of 22	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

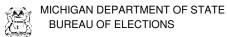
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/04/2023 Name & Address: LORI KEEN		
501 ALGER ST SE	250.00	_{\$} 250.00
GRAND RAPIDS, MI 49507	_{\$} 250.00	§ 230.00
5. If over \$100.00 cumulative, please provide:		
Occupation LAB MANAGER Employer CALVIN UNIVERSITY		
Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/2023		
Name & Address RODGER RICE		
2105 RAYBROOK ST SE	250.00	_{\$} 250.00
GRAND RAPIDS, MI 49546	<u>\$ 200.00</u>	<u>\$ 230.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: STEVEN PESTKA 2517 ASHWOOD CT SE	_{\$} 400.00	_{\$} 1,900.00
ADA, MI 49301		
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer H & M MANAGEMENT & DEVELOPMENT CO.		
Business Address 2920 FULLER AVE NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/06/2023		
CHRISTOPHER YATES		
2622 HALL ST SE	,200.00	200.00
GRAND RAPIDS, MI 49506	§ 200.00	\$ <u></u> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation JUDGE Employer KENT COUNTY CIRCUIT COURT		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,100.00	
Grand Total of All Schedules 1A	.,	
(Complete on last page of Schedule)	Enter this total on	J
Page 7 of 22	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

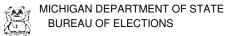
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: GRACE BRADFORD 2198 N THRUSH CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 250.00	_{\$} 250.00
Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address ELIZABETH GREIDANUS 200 SLIGH BLVD NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} 200.00
Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: JAY HOEKSTRA 315 BENJAMIN AVE SE GRAND RAPIDS, MI 49506	_{\$} 75.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address MARY JACKSON 2118 WATERMARK DR SE GRAND RAPIDS, MI 49546	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 8 of 22	Enter this total on line 3a of Summary Page.	-



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: JOHN HELMHOLDT		
743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504	_{\$} 250.00	_{\$} 250.00
· · · · · · · · · · · · · · · · · · ·	<u>\$ 200:00</u>	<u>\$</u>
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer SEYFERTHPR		
Business Address 40 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address		
GARY DE KOCK		
1673 WALKER AVE NW	£300.00	_{\$} 653.45
GRAND RAPIDS, MI 49504	Ψ	φ_σσσ_σσ_
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: HAL OSTROW 144 BAYNTON AVE NE	_{\$} 258.32	_s 516.64
GRAND RAPIDS, MI 49503	T	\$
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer RHOADES MCKEE		
Business Address 55 CAMPAU AVE NW, STE 300, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/06/2023		
Name & Address		
CLAY WEST 1600 GLEN FOREST DR SE	75.00	075.00
ADA, MI 49301	_{\$} 75.00	_{\$} 675.00
5. If over \$100.00 cumulative, please provide:		
Occupation JUDGE Employer 17TH CIRCUIT COURT		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	883.32	1
Grand Total of All Schedules 1A	000.02	-
(Complete on last page of Schedule)	Enter this total on	J
9 of 22	line 3a of Summary Page.	



2023021

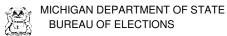
CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address: JOHNNY BRANN JR 5057 GRAND RIVER DR NE GRAND RAPIDS, MI 49525	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer BRANNS Business Address 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/06/2023 Name & Address JOAN SECCHIA 2833 BONNELL AVE SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,000.00
Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/07/2023 Name & Address: KENNETH HEFFNER 209 HAMPTON AVE SE GRAND RAPIDS, MI 49506	§ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation PROVOST Employer CALVIN COLLEGE Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/07/2023 Name & Address JESSICA LOWERY 2438 OKEMOS DR SE GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer SELF Business Address 2438 OKEMOS DR SE, GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2,550.00 Enter this total on	

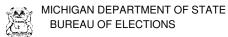
 $_{\text{Page}}\underline{10}_{\text{ of }}\underline{22}$



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number ____2023021

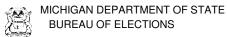
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/08/2023 Name & Address: GERALD LYKINS 3031 W BLUFFS DR SE		0-000
GRAND RAPIDS, MI 49546	_{\$} 258.32	_{\$} 258.32
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer LYKINS LAW PLC		
Business Address 234 DIVISION AVE N, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/09/2023		
Name & Address JESSE DOUGLAS		
10 MAYFAIR DR NE	§ 516.45	_s 516.45
GRAND RAPIDS, MI 49503	Ψ	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation ENGINEER, GENERAL MANAGER Employer VICINITY ENERGY		
Business Address 50 LOUIS ST NW, STE 500, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/09/2023 Name & Address:		
AMANDA NARVAES LOCKWOOD ST NE	_{\$} 50.00	_s 50.00
GRAND RAPIDS, MI 49503	\$ 00.00	\$ 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer DREW, COOPER & ANDING		
Business Address 80 OTTAWA AVE NW, STE 200, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/15/2023 Name & Address		
JR MUELLER 8232 MORNING DEW CT SW	150.00	450.00
BYRON CENTER, MI 49315	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer WEST MICHIGAN TECHNOLOGY AND DESIGN SOLUTIONS		
Business Address 8232 MORNING DEW CT SW, BYRON CENTER, MI 49315		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	974.77	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
Page 11 of 22	line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

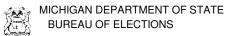
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/15/2023 Name & Address: ISABEL OSBORN		
2036 STANFORD DR SE	_{\$} 75.00	¢ 75.00
KENTWOOD, MI 49508	§ 73.00	§ 70.00
5. If over \$100.00 cumulative, please provide:		
Occupation INVESTOR Employer STATE FARM		
Business Address 2258 28TH ST SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/15/2023 Name & Address		
ARIELLE LEIPHAM ELLIS		
52 AUBURN AVE NE	_{\$} 50.00	_{\$} 50.00
GRAND RAPIDS, MI 49503	\$ 00.00	\$ <u>00.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation HOMEMAKER Employer SELF		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/17/2023 Name & Address: MATTHEW HEUN 121 BAYNTON AVE NE GRAND RAPIDS, MI 49503	\$250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROFESSOR Employer CALVIN UNIVERSITY		
Business Address 3201 BURTON ST SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/17/2023		
Name & Address DARLENE LEE		
1557 BELMAR DR SE	51 QQ	E1 00
GRAND RAPIDS, MI 49508	_{\$} 51.83	_{\$_} 51.83
5. If over \$100.00 cumulative, please provide:		
Occupation PR CONSULTANT Employer DARLING COMMUNICATIONS		
Business Address 1557 BELMAR DR SE, GRAND RAPIDS, MI 49508		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	426.83	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 12 of 22	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

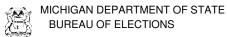
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/21/2023 Name & Address: BRANDON KANITZ		
3220 S LEE POINT RD	§ 500.00	§ 500.00
SUTTONS BAY, MI 49682	<u>\$ 000.00</u>	§ 000100
5. If over \$100.00 cumulative, please provide: MANAGING PARTNER THORNAPPI E RIVER CAPITAL		
Occupation MANAGING PARTNER Employer THORNAPPLE RIVER CAPITAL		
Business Address 320 HALL ST SW, GRAND RAPIDS, MI 49507		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/21/2023 Name & Address		
MAX AULBACH		
1840 CRESCENT DR NE	_{\$} 10.00	§ 20.00
GRAND RAPIDS, MI 49503	Ψ	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation LEGISLATIVE DIRECTOR Employer MICHIGAN STATE HOUSE		
Business Address 124 N CAPITOL AVE, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/21/2023		
Name & Address: Tri/21/2323 GRACE JOLDERSMA		
1900 ENGLEWOOD DR SE	£206.70	_{\$} 206.70
GRAND RAPIDS, MI 49506	<u> </u>	§ 200. 70
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/21/2023		-
Name & Address KARL WESTERHOF		
2220 PARIS AVE SE	25.00	05.00
GRAND RAPIDS, MI 49507	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Pusinger Address		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	741.70	
Grand Total of All Schedules 1A	7-71.70	_
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Page 13 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

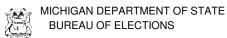
Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/21/2023 Name & Address: JOHN APOL		
4921 N QUAIL CREST DR SE	_s 51.83	_{\$} 51.83
GRAND RAPIDS, MI 49546	<u>\$ 0 1.00</u>	\$ 0 1 10 0
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Occupation RETIRED Employer RETIRED	<u> </u>	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/21/2023		
Name & Address PHIL KIRKHAM		
665 HONEY CREEK	_{\$} 10.00	_s 10.00
ADA, MI 49301	\$ <u>10.00</u>	<u>\$ 10.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation SW TESTER Employer ATOMIC OBJECT		
Business Address 1034 WEALTHY ST SE, GRAND RAPIDS, MI 49506		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/21/2023 Name & Address:		
FRANK LYNN	10.00	40.00
3446 DEVON DR NE	_{\$} 10.00	_{\$} 10.00
GRAND RAPIDS, MI 49546		
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/21/2023		
Name & Address DONALD TAYLOR		
4536 HERSMAN ST SE	102 45	660.25
GRAND RAPIDS, MI 49546	_{\$} 103.45	_{\$_} 660.35
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
	atotal 475 00	
Page Suk	170.20	
Grand Total of All Schedule: (Complete on last page of Sche	dule)	
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Page 14 of 22	Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

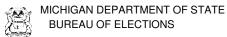
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/21/2023 Name & Address: QUENTIN READER 3259 BIRD AVE NE		
GRAND RAPIDS, MI 49525	_{\$} 26.01	_{\$} 26.01
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/21/2023		
Name & Address SARA SAENZ		
209 REX ST	_{\$} 26.01	_{\$} 26.01
SPRING LAKE, MI 49456	<u>\$ 20.01</u>	<u>\$ 20.01</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ARTIST Employer SELF		
Business Address 209 REX ST, SPRING LAKE, MI 49456		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/21/2023		
Name & Address:		
JACQUELYN WATSON 2439 HIGHRIDGE LN SE	_{\$} 51.83	_s 51.83
GRAND RAPIDS, MI 49546	\$ 0 1100	<u>\$ 01.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Rusiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/22/2023		
Name & Address ———————————————————————————————————		
306 JAMES AVE SE	_{\$} 25.00	, 175.00
GRAND RAPIDS, MI 49503	\$ 23.00	\$ 175.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	128.85	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	. i
Page 15 of 22	line 3a of Summary Page.	



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

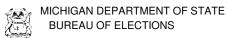
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/22/2023 Name & Address: THOMAS HOEKSEMA SR 1650 MILLBROOK ST SE GRAND RAPIDS, MI 49508	_{\$} 250.00	_{\$} 350.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/22/2023 Name & Address		
DAVID KIESEL 5429 CHRISTIE AVE SE KENTWOOD, MI 49508	_{\$} 10.00	<u>\$ 10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution:		
3. Contribution # 3 Name & Address: PHILIP QUIST 2111 RAYBROOK ST SE APT 4001 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_ \$103.45	_{\$} 206.90
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/25/2023 Name & Address UKO ZYLSTRA 2326 PARIS AVE SE GRAND RAPIDS, MI 49507	_{\$} 200.00	_{\$_} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED	-	
Business Address Type of Contribution:		
Page Subtot	563.45	
Grand Total of All Schedules 1. (Complete on last page of Schedule	e)	J
Page 16 of 22	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2023021

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/27/2023 Name & Address: ANN SULLIVAN-SOET 2158 TECUMSEH DR SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address	_{\$} 26.01	_{\$} 26.01
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/28/2023 Name & Address STEPHEN WATERBURY 150 WOODWARD LN SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 103.45	_{\$} 103.45
Occupation TETH TES Employer		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/28/2023 Name & Address: RANDALL CURREY 615 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/28/2023 Name & Address RICHARD VANDERVEEN 102 W WASHINGTON ST STE 214 MARQUETTE, MI 49855 5. If over \$100.00 cumulative, please provide:	_{\$} 103.45	_{\$_} 103.45
Occupation PRESIDENT Employer MACKINAW POWER		
Business Address 102 W WASHINGTON ST, STE. 214, MARQUETTE, MI 49855 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 17 of 22	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __2023021

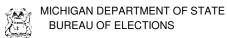
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 11/28/2023 SHERYL SMALLIGAN 2345 RIDGEFIELD DR NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/28/2023 Name & Address JAMES PRESCOTT 44171 DEEP HOLLOW CIR NORTHVILLE, MI 48168	_{\$} 51.83	_{\$} 51.83
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer UNIVERSITY OF MICHIGAN Business Address 701 S STATE ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/29/2023 Name & Address: DONALD TAYLOR 4536 HERSMAN ST SE GRAND RAPIDS, MI 49546	_{\$} 103.45	_{\$} 763.80
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/29/2023 Name & Address JEFFREY SCHAD 933 PRINCETON BLVD SE GRAND RAPIDS, MI 49506	_{\$} 51.83	_{\$} 51.83
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 18 22	307.11 Enter this total on line 3a of Summary	

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1. Committee I.D. Number __2023021

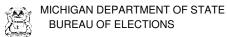
CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/29/2023 Name & Address: ROBERT CROW 1015 IROQUOIS DR SE GRAND RAPIDS, MI 49506	_{\$} 25.00	ູ 25.00
,	<u>\$</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation DEVELOPMENT OFFICER Employer MULTIPLY222 NETWORK		
Business Address 477 SW CASHMERE BLVD, PORT ST. LUCIE, FL 34986		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/30/2023 Name & Address		
CASE HOOGENDORN		
122 S MICHIGAN AVE	_{\$} 250.00	_{\$} 250.00
CHICAGO, IL 60603	,	Ψ
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer HOOGENDOORN & TALBOT LLC		
Business Address 122 S MICHIGAN AVE, STE 1220, CHICAGO, IL 60603		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/30/2023 Name & Address: MICHAEL RUBINGH N1563 CO RD H PALMYRA, WI 53156	_{\$} 51.83	_{\$} 51.83
5. If over \$100.00 cumulative, please provide:		
Occupation BUSINESS MANAGER Employer CHILDHOOD AUTISM THERAPIES		
Business Address 119 MILL RD, PALMYRA, WI 53156		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/30/2023 Name & Address KAREN HELDER 2452 VILLAGE DR SE GRAND RAPIDS, MI 49506	_{\$} 51.83	_{\$_} 151.83
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	378.66	
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(Complete on last page of Schedule) 1	Enter this total on line 3a of Summary	.1

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1. Committee I.D. Number __2023021

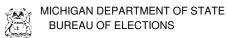
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 12/01/2023 Name & Address: JAMES BRATT 2435 LINDEN AVE SE GRAND RAPIDS, MI 49507	_{\$} 100.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/01/2023 Name & Address DAVID MATUREN 7849 S SPRINKLE RD PORTAGE, MI 49002	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation APPRAISEREmployer_SELF Business Address 7849 S SPRINKLE RD, PORTAGE, MI 49002 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/03/2023 Name & Address: KEN JACOBS 1822 ARAPAHOE ST GOLDEN, CO 80401	_{\$} 26.01	_{\$} 51.01
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/04/2023 Name & Address DEAN GUNNINK 4350 BEDFORD ST S E KENTWOOD, MI 49512	_{\$} 26.01	_{\$} 77.84
5. If over \$100.00 cumulative, please provide: Occupation PHYSICAL PLANT ASSISTANT DIRECTOR Employer CALVIN UNIVERSITY		
Business Address 1475 KNOLLCREST CIRCLE SOUTHEAST, GRAND RAPIDS, MI 49546 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 20 of 22

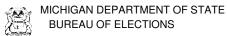
Page.



1. Committee I.D. Number __2023021

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/05/2023 Name & Address: RON DEWAARD 4522 WHITEWOOD FARMS DR NE GRAND RAPIDS, MI 49525	_{\$} 516.45	_{\$} 516.45
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer VARNUM		
Business Address 333 BRIDGE ST NW, STE 1700, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/05/2023		
Name & Address RODNEY COBBINS		
5748 PINEKNOLL CT SE	_{\$} 5.00	_{\$} 5.00
KENTWOOD, MI 49508	φ	\$
5. If over \$100.00 cumulative, please provide:		
Occupation TEACHER Employer EDUSTAFF		
Business Address 4120 BROCKTON DR SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 12/06/2023 Name & Address: JOHN COOPER SR 549 MORRIS AVE SE GRAND RAPIDS, MI 49503	\$ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/08/2023 Name & Address		
STEVEN DEJONG		
936 WALSH ST SE GRAND RAPIDS, MI 49507	_s 100.00	° 100.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation SILLY Employer SILLY		
Business Address 936 WALSH ST SE, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser	loo4 1=	
Page Subtotal	821.45	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Find an Albita to tall a	_
Page 21 of 22	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

2023021

Committee Name

LAGRAND FOR GRAND RAPIDS

Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12/2 Name & Address: PAUL IPPEL 2353 JEFFERSON DR SE GRAND RAPIDS, MI 49507	0/2023	_{\$} 206.70	_{\$} 206.70
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Ra	iser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/22 Name & Address MICHAEL HIRSCH 306 JAMES AVE SE GRAND RAPIDS, MI 49503	2/2023	_{\$} 25.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address Type of Contribution: Direct Loan from a person Fund F	laiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/2 Name & Address: GRAND RAPIDS FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	8/2023	\$ 2,500.00	_{\$} 5,000.00
Occupation Employer			
Business Address Direct Loan from a person Fund F	Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Fund Ra		0.704.70	
	Page Subtotal	2,731.70	
	of All Schedules 1A page of Schedule)	17,891.59	

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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>202</u>3021

CANDIDATE COMMITTEE

2. Committee Name LAGRAND FOR GRAND RAPIDS

OANDIDATE COMIN	111166			
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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	re	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: JANENE CUMMINGS 605 ABERDEEN ST NE GRAND RAPIDS, MI 49505 If over \$100.00 cumulative, please provide: Occupation: HOMEMAKER Employer Name & Business Address: SELF 605 ABERDEEN ST NE, GRAND RAPIDS, MI 49505 Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description FOOD/BEVERAGE, VENUE FEE 5. Date Of Receipt: 11/08/2023 6. Vendor Name & Address: SAUGATUCK BREWING CO. 1504 PLAINFIELD AVE NE, GRAND RAPIDS, MI 49505	т <u> </u>	520.00	§ 620.00
Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description 5. Date Of Receipt:			
Employer Name & Address: Fund Raiser Contribution	6. Vendor Name & Address:	Click	k Here for Memo l	temization
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	_	k Here for Memo I	temization
Fund Raiser Contribution	5 011	a ka l	000.00	000 00
	Page Subte	otai	620.00	620.00

Enter this total on line 6 of Summary Page

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



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
Name ZIPPITY PRINT Address 1600 E 23RD ST CLEVELAND, OH 44114	Purpose: PRINTING Check box if this expenditure is payment of	10/27/2023 Date	\$ <u>88.95</u>
Fund Raiser	debt or obligation reported on previous statement		
Name EASTOWN US POST OFFICE Address 1451 LAKE DR SE	Purpose: POSTAGE	10/27/2023 Date	\$ <u>132.00</u>
GRAND RAPIDS, MI 49516 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name KIRA WILSON Address 1525 108TH ST SW	Purpose: STIPEND	10/31/2023 Date	\$ <u>485.70</u>
BYRON CENTER, MI 49315	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE	Purpose: STIPEND	10/31/2023 Date	\$ <u>265.80</u>
GRAND RAPIDS, MI 49525 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WILLIAM DEMMINK Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428	Purpose: STIPEND	10/31/2023 Date	\$ <u>444.60</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	1,417.05
	Grand Total of all S (Complete on last page		



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 GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 Fund Raiser	Purpose: GSUITES Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2023 Date	\$ <u>18.00</u>
Expenditure #2 Name PARAGON PAYMENT SOLUTIONS Address 2141 E BROADWAY RD SUITE 202	Purpose: FEES	11/02/2023 Date	\$ <u>213.11</u>
TEMPE, AZ 85282 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name FAMILY FARE Address 1415 FULTON ST E	Purpose: EVENT FOOD/DRINK	11/05/2023 Date	\$ <u>16.93</u>
GRAND RAPIDS, MI 49503 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name GORDON FOOD SERVICE Address 1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503	Purpose: EVENT FOOD/DRINK	11/05/2023 Date	\$ <u>140.66</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name HOMEBASE Address 835 HOWARD ST 2ND FLOOR SF, CA 94103	Purpose: SOFTWARE Check box if this expenditure is payment of debt or obligation reported on previous	11/13/2023 Date	\$ <u>1.00</u>
Fund Raiser	statement Subto	tal this page	389.70
	Grand Total of all ((Complete on last page		



2. Committee Name LAGRAND FOR GRAND RAPIDS

2.0			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SUMMER KHAN		11/15/2023	. 4E 00
Address	Purpose: STIPEND	Date	\$ <u>45.00</u>
7545 KENROB DR SE GRAND RAPIDS, MI 49546			
GI 17 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name GEORGE HOLMES		11/15/2023	\$ 45.00
Address	Purpose: STIPEND	Date	
3230 BONNELL AVE SE			
EAST GRAND RAPIDS, MI 49506			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name MEIJER		11/15/2023	\$ 22.63
Address	Purpose: EVENT FOOD/DRINK	Date	Ψ <u>ΖΖ.00</u>
1997 E BELTLINE AVE NE	Fulpose.		
GRAND RAPIDS, MI 49525			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name MEIJER		11/15/2023	. 70.10
Address	Purpose: EVENT FOOD/DRINK	Date	\$ <u>72.16</u>
1997 E BELTLINE AVE NE	Purpose:		
GRAND RAPIDS, MI 49525			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name COMCAST BUSINESS		11/16/2023	. 404 70
Address	Purpose: INTERNET	Date	\$ <u>124.79</u>
1971 E BELTLINE AVE NE			
GRAND RAPIDS, MI 49525			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	309.58
	Grand Total of all		
	(Complete on last page	e of Schedule)	



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 KIRA WILSON Address 1525 108TH ST SW BYRON CENTER, MI 49315 Fund Raiser	Purpose: STIPEND Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2023 Date	\$ <u>249.9</u> 0
Expenditure #2 Name KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525	Purpose: STIPEND	11/17/2023 Date	\$ <u>56.70</u>
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name WILLIAM DEMMINK Address 6960 OLDE PINE DR	Purpose: STIPEND	11/17/2023 Date	\$ <u>566.28</u>
GEORGETOWN TWP, MI 49428 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name ZIPPITY PRINT Address 1600 E 23RD ST	Purpose: PRINTING	11/20/2023 Date	\$ <u>336.63</u>
CLEVELAND, OH 44114 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name NGP VAN Address 655 15TH ST NW SUITE 650 WASHINGTON, DC 20005	Purpose: SOFTWARE Check box if this expenditure is payment of debt or obligation reported on previous	11/24/2023 Date	\$ <u>320.00</u>
Fund Raiser	Subto Grand Total of all S		1,529.51
	(Complete on last page	or Scriedule)	



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 KRISHNA MANO Address 3407 MASON RIDGE DR NE GRAND RAPIDS, MI 49525 Fund Raiser	Purpose: STIPEND Check box if this expenditure is payment of debt or obligation reported on previous	11/30/2023 Date	\$ <u>51.45</u>
Expenditure #2 Name KIRA WILSON	statement	11/30/2023	\$ 326.40
Address 1525 108TH ST SW BYRON CENTER, MI 49315	Purpose: STIPEND Check box if this expenditure is payment of debt or obligation reported on previous	Date	
Fund Raiser Expenditure #3	statement		
Name SUMMER KHAN Address 7545 KENROB DR SE	Purpose: STIPEND	11/30/2023 Date	\$ <u>22.50</u>
GRAND RAPIDS, MI 49546	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Address 6960 OLDE PINE DR GEORGETOWN TWP, MI 49428	Purpose: STIPEND	11/30/2023 Date	\$ <u>241.92</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name GOOGLE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	Purpose: GSUITE	12/04/2023 Date	\$ <u>18.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	660.27
	Grand Total of all \$ (Complete on last page		



LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WIX		12/04/2023	. 010 00
VVIX	WEDOITE		\$ <u>216.00</u>
Address	Purpose: WEBSITE	Date	
100 GANSEVOORT ST			
NEW YORK, NY 10014			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name PARAGON PAYMENT SOLUTIONS		12/04/2023	, 075 10
	FFFC	Date	\$ <u>275.12</u>
Address	Purpose: FEES	Date	
2141 E BROADWAY RD			
SUITE 202			
TEMPE, AZ 85282	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name NGP VAN		10/04/0000	
NOI VAIN		12/04/2023	\$ 320.00
Address	Purpose: SOFTWARE	Date	
655 15TH ST NW			
SUITE 650			
WASHINGTON, DC 20005	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u> </u>	statement		
Expenditure #4			
Name HOMEBASE		12/13/2023	0405
		Date	\$ <u>24.95</u>
Address	Purpose: SOFRWARE	Bato	
835 HOWARD ST			
2ND FLOOR			
SF, CA 94103	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name KIRA WILSON		10/00/0000	
	CTIDEND	12/22/2023	\$ 310.05
Address	Purpose: STIPEND	Date	<u> </u>
1525 108TH ST SW			
BYRON CENTER, MI 49315			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
_	Cubto	tal this page	1 1 1 0 1 0
	Subio	iai iiiis paye	1,146.12
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



2 Committee Name LAGRAND FOR GRAND RAPIDS

2.0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name KRISHNA MANO		12/22/2023	\$ 29.25
Address	Purpose: STIPEND	Date	
3407 MASON RIDGE DR NE	1 uipose		
GRAND RAPIDS, MI 49525			
2, 22 2	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name SUMMER KHAN		12/22/2023	\$ 21.30
	CTIDENID	Date	\$ <u>Z1.3U</u>
Address	Purpose: STIPEND		
7545 KENROB DR SE			
GRAND RAPIDS, MI 49546			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name GEORGE HOLMES		12/22/2023	¢ 54 00
	Purpose: STIPEND	Date	\$ <u>54.00</u>
Address 3230 BONNELL AVE SE	Purpose: OTH LIND	Zaio	
EAST GRAND RAPIDS, MI 49506			
LAST CITAND HAI IDS, IVII 49500			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name WILLIAM DEMMINK		12/28/2023	
WILLIAM BEIMMIN			\$ 190.80
Address	Purpose: STIPEND	Date	
6960 OLDE PINE DR			
GEORGETOWN TWP, MI 49428			
	Check box if this expenditure is payment of		
Cond Painer	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click F	Here for Memo!	temization Type
	Check box if this expenditure is payment of	.c.c ioi iviolilo i	tomeadon 13pc
	debt or obligation reported on previous		
Fund Raiser	statement	<u>+</u>	
	Subto	otal this page	295.35
	Grand Total of all		5,747.58
	(Complete on last page	e of Schedule)	\cup , $i + i$. \cup 0

(Complete on last page of Schedule) Enter this total on line 8a of Summary Page

 $_{\text{Page}}\underline{7}_{\text{of}}\underline{7}_{\text{}}$



Page 1 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

	- USE A SEPARATE SHI	EET FOR EACH EVENT	-
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. 1575 ALEXANDER ST
1/03/2023	23	RECEPTION	GRAND RAPIDS, MI 49506 Private Residence
otal Contributions	6,333.32		
Other Receipts	0.00		
Gross Receipts (Add lines 7 a	and 8) 6,333.32		
Total Cost of Event tal Cost includes In-Kind Cor	157.59 ntributions and All Expenditures	Made For the Event)	
Check if event was a join	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)
			
The committee is requir period covered by the C	red to file a separate Fund Raiso	er Schedule for each fund rais	ng event held during the
	res listed on a Fund Raiser Sch	adula must also be reported a	n the Itemized Centributions



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2023021 1. Committee I.D. Number

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. SAUGATUCK BREWING CO.
11/06/2023	16	RECEPTION	CRESTON TAPROOM 1504 PLAINFIELD AVE NE GRAND RAPIDS, MI 49505 Private Residence
7. Total Contributions	5,018.54		
8. Other Receipts	0.00		
9. Gross Receipts (Add lines 7 a	and 8) 5,018.54		
10. Total Cost of Event (Total Cost includes In-Kind Co	0.01 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
			

- 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.

Page	2	of 3
ıaue		OI .



Summary Page.

Page 3 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 2023021

2. Committee Name LAGRAND FOR GRAND RAPIDS

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held LAFLEUR MARKETING
1/15/2023	8	RECEPTION	549 OTTAWA AVE NW STE 201 GRAND RAPIDS, MI 4950 Private Residence
Total Contributions	1,575.00		
Other Receipts	0.00	· · · · · · · · · · · · · · · · · · ·	
Gross Receipts (Add lines 7	and 8) 1,575.00		
Total Cost of Event otal Cost includes In-Kind Co	94.79 ntributions and All Expenditures	Made For the Event	
Check if event was a jo	int fund raiser and complete the	following:	
Check if event was a jo	int fund raiser and complete the Contribution S (%)	_	Expenditure Split (%)
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.