



FILED

25 JUL 2024 AM 10:59

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

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

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

**20190014**

2. Committee Name

**DAN BURRILL FOR COUNTY COMMISSION**

4. Candidate Last Name

First Name

M.I.

**BURRILL**

**DAN**

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

**COUNTY COMMISSIONER, 8TH DISTRICT, KENT COUNTY**

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

5. Committee's Mailing Address

**2879 BARCROFT SW  
WYOMING, MI 49418**

Area Code and Phone (616) 292-3876  
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

**CATHY DELANGE  
4565 WILSON AVE  
STE 3  
GRANDVILLE, MI 49418**

Area Code & Phone (616) 443-1987

7. Treasurer's Business Address

**4565 WILSON AVE  
STE 3  
GRANDVILLE, MI 49418**

Area Code and Phone (616) 443-1987

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

**RUSTY RICHTER  
5665 IVANREST AVE SW  
WYOMING, MI 49418**

Area Code and Phone (616) 299-0310

**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 ( )  
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

08/06/2024

**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 late 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

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 20190014

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>27,450.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>27,450.00</u>	(18.) \$ <u>30,500.00</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>27,450.00</u>	(20.) \$ <u>30,500.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</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>3,700.00</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</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3,700.00</u>	(23.) \$ <u>30,974.54</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>43,466.86</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>17,511.21</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>27,450.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>44,961.21</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>3,700.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>41,261.21</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: <b>THE FRIENDS OF WEST MICHIGAN BUSINESS</b> <b>250 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>5,000.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/29/2024</u>	
Name & Address: <b>WALTER BUJAK</b> <b>6639 THORNAPPLE RIVER DR SE</b> <b>ALTO, MI 49302</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GE AEROSPACE</u> Business Address <u>3290 PATTERSON AVE 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>05/23/2024</u>	
Name & Address: <b>SIDNEY J JANSMA JR</b> <b>55 CAMPAU AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>WOLVERINE GAS &amp; OIL</u> Business Address <u>55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: <b>THE FRIENDS OF WEST MICHIGAN BUSINESS</b> <b>250 MONROE AVE NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>2,000.00</u>	\$ <u>7,000.00</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			

Page Subtotal **8,325.00**

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 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

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>05/30/2024</u>	
Name & Address: <b>DAN HIBMA</b> 1701 PORTER ST SW WYOMING, MI 49519		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>LAND AND COMPANY</u> Business Address <u>1701 PORTER ST SW, #6, WYOMING, MI 49519</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>05/30/2024</u>	
Name & Address: <b>J.C. HUIZENGA</b> 3755 36TH ST SE GRAND RAPIDS, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>HUIZENGA GROUP</u> Business Address <u>3755 36TH ST SE, STE. 100, 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>06/04/2024</u>	
Name & Address: <b>JOHN C KENNEDY III</b> 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AUTOCAM</u> Business Address <u>4070 E PARIS AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: <b>NANCY G KENNEDY</b> 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,900.00**

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 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

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>06/06/2024</u>	
Name & Address: <b>RICHARD DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: <b>BETSY DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WINDQUEST GROUP</u> Business Address <u>201 MONROE AVE NW, #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>06/06/2024</u>	
Name & Address: <b>PAMELLA DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>PAMELLA ROLAND DESIGNS</u> Business Address <u>501 7TH AVE, STE 300, NEW YORK, NY 10018</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>06/06/2024</u>	
Name & Address: <b>DANIEL DEVOS</b> 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DP FOX VENTURES</u> Business Address <u>200 OTTAWA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,900.00**

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

Enter this total on  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

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>06/06/2024</u>	
Name & Address: SUZANNE CHERYL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: DOUGLAS DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: MARK J BISSELL 2345 WALKER AVE NW GRAND RAPIDS, MI 49544		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BISSELL HOME CARE</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 4,900.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

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>06/11/2024</u>	
Name & Address: <b>JIM WILLIAMS</b> 3706 BUTTRICK AVE SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WILLIAMS DISTRIBUTING, KITCHEN &amp; BATH</u> Business Address <u>658 RICHMOND ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/12/2024</u>	
Name & Address: <b>COMMERCIAL ALLIANCE OF REALTORS</b> 678 FRONT AVE NW SUITE 257 GRAND RAPIDS, MI 49504		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: <b>MICHAEL J JANDERNOA</b> 171 MONROE AVE NW STE 41 GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN</u> Employer <u>42 NORTH PARTNERS</u> Business Address <u>171 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: <b>BLAKE W KRUEGER</b> 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>COLONIAL BUILDERS</u> Business Address <u>1826 CHICAGO DR, GEORGETOWN TWP, MI 49428</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,425.00**

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

**27,450.00**

Enter this total on  
line 3a of Summary  
Page.



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

1. Committee I. D. Number **20190014**  
2. Committee Name **DAN BURRILL FOR COUNTY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/04/2024</b> Date	\$ <b>500.00</b>
Expenditure #2 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/07/2024</b> Date	\$ <b>500.00</b>
Expenditure #3 Name <b>KENT COUNTY REPUBLICAN PARTY</b>  Address <b>725 LAKE MICHIGAN DR NW</b> <b>GRAND RAPIDS, MI 49504</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ADVERTISING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/21/2024</b> Date	\$ <b>200.00</b>
Expenditure #4 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/21/2024</b> Date	\$ <b>500.00</b>
Expenditure #5 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/10/2024</b> Date	\$ <b>500.00</b>

Subtotal this page **2,200.00**

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

Enter this total  
on line 8a of  
Summary Page





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

1. Committee I. D. Number **20190014**  
2. Committee Name **DAN BURRILL FOR COUNTY COMMISSION**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/03/2024</b> Date	\$ <b>500.00</b>
Expenditure #2 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/07/2024</b> Date	\$ <b>500.00</b>
Expenditure #3 Name <b>THE GUNTHER GROUP, LLC</b>  Address <b>5825 POWDERHORN CT</b> <b>WYOMING, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/03/2024</b> Date	\$ <b>500.00</b>
Expenditure #4 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page **1,500.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **3,700.00**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DAN BURRILL</b> <b>2879 BARCROFT DRIVE</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/17/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DAN BURRILL</b> <b>2879 BARCROFT DRIVE</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/27/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DAN BURRILL</b> <b>2879 BARCROFT DRIVE</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/08/2020</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

**15,000.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

**A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.**



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 20190014  
2. Committee Name DAN BURRILL FOR COUNTY COMMISSION

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DAN BURRILL</b> <b>2879 BARCROFT</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/13/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DANIEL BURRILL</b> <b>2879 BARCROFT DRIVE</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/22/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>DAN R BURRILL</b> <b>2879 BARCROFT DR SW</b> <b>WYOMING, MI 49418</b>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/07/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,466.86</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,466.86</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

**28,466.86**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**43,466.86**

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.