

CANDIDATE COMMITTEE COVER PAGE

FILED 26 JUL 2024 PM 04:44

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

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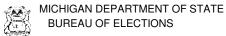
3. This Statement covers From: 02/15/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. CHRISTOPHER HERWEYER M 2024008 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNTY COMMISSIONER, 8TH DISTRICT, KENT COUNTY CTE CHRIS HERWEYER 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 2560 WOODLAKE RD SW CHRISTOPHER M HERWEYER APT 2 2560 WOODLAKE RD SW WYOMING, MI 49519 APT 2 WYOMING, MI 49519 Area Code and Phone (616) 608-2211

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 608-2211 be sent to this address by the filing official. 8. Designated Record keeper's Name and Mailing Address (If the committee has a 7. Treasurer's Business Address Designated Record keeper) 2560 WOODLAKE RD SW APT 2 WYOMING, MI 49519 Area Code and Phone (616) 608-2211 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 07/26/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/26/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2024008

SUMMARY PAGE CANDIDATE COMMITTEE

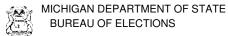
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Guindianvo tilis election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 19,103.80	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 19,103.80	(18.) \$ _19,103.80
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.) \$ _19,103.80	(20.) \$ 19,103.80
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 80.00	(21.) \$ 80.00
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.) \$ 2,516.02	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2,516.02	(23.) \$ 2,516.02
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)	(100.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	255.00	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 255.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.)	•



CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

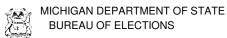
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/23/2024 Name & Address: CHRIS HERWEYER 2560 WOODLAKE RD SW APT 2 WYOMING, MI 49519	_{\$} 5.00	_{\$} 5.00
5. If over \$100.00 cumulative, please provide: Occupation REGIONAL COORDINATOR Employer MICHIGAN LCV Business Address 340 BEAKES ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address WESLEY WILSON 935 JACKSON ST NW APT 2 GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: STATEWINE INTERNSHIP COORDINATOR— MICHIGAN I CV		
Occupation STATEWIDE INTERNSHIP COORDINATOR Employer MICHIGAN LCV Business Address 340 BEAKES 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 02/26/2024 Name & Address: CHRIS HERWEYER 2560 WOODLAKE RD SW APT 2 WYOMING, MI 49519	_{\$} 250.00	_{\$} 255.00
5. If over \$100.00 cumulative, please provide: Occupation REGIONAL COORDINATOR Employer MICHIGAN LCV Business Address 340 BEAKES ST, ANN ARBOR, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address SARAH WOOLSEY 1330 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation ORGANIZER Employer MICHIGAN DEMOCRATIC PARTY		
Business Address 606 TOWNSEND ST, LANSING, MI 48933		
Type of Contribution: Loan from a person Fund Raiser	222.22	1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 1 of 45	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

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 02/26/2024 Name & Address: JOSHUA FERGUSON 811 EMERALD AVE NE APT 318 GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation ORGANIZER Employer 270 STRATEGIES Business Address 811 EMERALD AVE NE APT 318, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address		
ETHAN PETZOLD 1755 REGENCY ST APT 204 CANTON, MI 48188	<u>\$</u> 25.00	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: MICHIGAN I CV		
Occupation POLITICAL COORDINATOR Employer MICHIGAN LCV Business Address 340 BEAKES 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 02/28/2024 DAN HESSE 117 KNAPP ST NE GRAND RAPIDS, MI 49505	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation IT MANAGER Employer ROYCE ROLLS RINGER CO		
Business Address 117 KNAPP ST 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 02/28/2024		
JASON BAUER 106 TREGENT ST PONTIAC, MI 48342	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer THE ORIGINAL PRINT SHOPPE		
Business Address 270 S TELEGRAPH RD, PONTIAC, MI 48341		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,370.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Formation 1	J
Page 2 of 45	Enter this total on line 3a of Summary Page.	



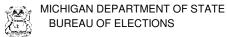
CANDIDATE COMMITTEE 2. Committee N

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ibution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: THOMAS STEPHENSON 340 HOLLISTER AVE SE GRAND RAPIDS, MI 49506	YES 4. Date of Rec	eipt 02/28/2024	_{\$} 10.00	_{\$} 10.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	Employer			
Business Address	<u></u>	<u></u>		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	eipt 02/28/2024		
DREW VANDRESE 1427 GLENGROVE AVE YPSILANTI TWP, MI 48198			_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please prov	vide:	00.00547075		
Occupation MARKETING	Employer YELLOW D	OG CREATIVE		
Business Address 2106 US HWY	41 W, MARQUETT	E, MI 49855		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: LOGAN ANBINDER 3900 OGLETHORPE ST HYATTSVILLE, MD 20782	YES 4. Date of Rec	02/28/2024	_{\$} 30.00	_{\$} 30.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation LEGISLATIVE ANALYST		IERY COUNTY, MD		
Business Address 3900 OGLETHOR				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address MATTHEW HOLMAN 109 FIELDCREST ST APT 10 ANN ARBOR, MI 48103		02/28/2024	_{\$} 10.00	_s 10.00
5. If over \$100.00 cumulative, please prov	vide:			,
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		T
		Page Subtotal	75.00	
0 45		Grand Total of All Schedules 1A nplete on last page of Schedule)	Enter this total on	
Page 3 of 45			line 3a of Summary Page.	



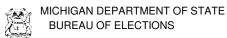
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name

CTE CHRIS HERWEYER

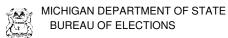
3. Contribution # 1	Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Common Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Coccupation RETIRED Employer RETIRED	Name & Address: ROSEMARY HERWEYER 3316 MCKEE AVE SW	eipt 02/28/2024	_{\$} 10.00	_{\$} 10.00
3. Contribution #2 PAC Receipt?	Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING			
CHLOE BARBOSA 49776 GARFIELD ST CANTON, MI 48188 5. If over \$100.00 cumulative, please provide: Occupation	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt			
CocupationEmployer	CHLOE BARBOSA 49776 GARFIELD ST		_{\$} 25.00	§ 25.00
Business Address Type of Contribution: PAC Receipt?	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3	Occupation Employer			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/28/2024 KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address SPENCER CALHOUN 27 VALLEY DR #204 MOUNT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Business Address			
Name & Address: KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/2024 NAME & Address SPENCER CALHOUN 27 VALLEY DR #204 MOUNT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Employer Enter this total on line 3a of Summary	Type of Contribution: Direct Loan from a person	Fund Raiser		
RETIRED Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct	Name & Address: KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE	eipt 02/28/2024	_{\$} 50.00	\$ 50.00
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct	5. If over \$100.00 cumulative, please provide:			
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address SPENCER CALHOUN 27 VALLEY DR #204 MOUNT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 95.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address SPENCER CALHOUN 27 VALLEY DR #204 MOUNT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 95.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Business Address 4822 BRECKENRIDGE DR NE, GRAND	RAPIDS, MI 49525		
Name & Address SPENCER CALHOUN 27 VALLEY DR #204 MOUNT CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution:	Type of Contribution: Direct Loan from a person	Fund Raiser		
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 95.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Name & Address SPENCER CALHOUN 27 VALLEY DR #204	ceipt <u>02/28/2024</u>	_{\$} 10.00	_{\$_} 10.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Direct	Occupation Employer			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Business Address			
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Type of Contribution: Direct Loan from a person	Fund Raiser		
(Complete on last page of Schedule) Enter this total on line 3a of Summary		Page Subtotal	95.00	
	(Com		line 3a of Summary	



CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

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 02/28/2024 Name & Address: RYAN BURTKA 4116 ZIMMER RD WILLIAMSTON, MI 48895	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation CONSULTANT Employer KHOURY JOHNSON LEAVITT		
Business Address 124 W ALLEGAN ST STE 1700, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/28/2024		
Name & Address ALEXIS HART 28030 DECLARATION DR	_{\$} 50.00	_{\$} 50.00
NOVI, MI 48377 5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE DIRECTOR Employer GLPA-LEAD		
Business Address 100 CHARLES H ORNDORF DR #866, BRIGHTON, MI 48116		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address: DEANNA MITCHELL 1448 PATTERSON AVE SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PHYSICIAN Employer HELEN DEVOS CHILDRENS HOSPITAL		
Business Address 1448 PATTERSON AVE 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 02/28/2024 Name & Address MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser	T	T
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 45	Enter this total on line 3a of Summary Page.	



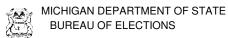
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CANDIDATE COMMITTEE

CTE CHRIS HERWEYER

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/28/2024 Name & Address: JARED GAFFKE 606 SCHOCK RD #309 HARBOR BEACH, MI 48441	_{\$} 6.01	_{\$} 6.01
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/29/2024		
Name & Address WILLIAM SNYDER 1445 WINCHESTER DR MUSKEGON, MI 49441	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation STATE REPRESENTATIVE Employer STATE OF MICHIGAN		
Business Address 1445 WINCHESTER DR, MUSKEGON, MI 49441		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/01/2024 Name & Address: TIMOTHY ZELLER 1001 S HANNAH ST ALBION, MI 49224	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHIEF OF STAFF Employer_TERACORE		
Business Address 200 N SHORE DR E, ALBION, MI 49224		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/03/2024 Name & Address ANDREA CASCARILLA		
1804 CANYON TRAIL LANSING, MI 48917	_s 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation LOBBYIST Employer DYKEMA		
Business Address 201 TOWNSEND ST, LANSING, MI 48933		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	131.01	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of 45	Enter this total on line 3a of Summary Page.	



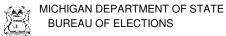
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

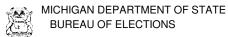
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/04/2024 Name & Address: KIM GATES 7135 MCCORDS AVE SE ALTO, MI 49302	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 7135 MCCORDS AVE SE, ALTO, MI 49302 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/2024		
Name & Address TAI VERBRUGGE 440 DIAMOND AVE NE GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation UTILITY FINANCIAL OFFICER Employer CITY OF GRAND RAPIDS		
Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/05/2024		
Name & Address: GARY STARK 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2637 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/05/2024		
Name & Address KATHLEEN UNDERWOOD 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506	_{\$} 250.00	_{\$_} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2637 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Findam Mala And A	J
Page 7 of 45	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

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 03/06/2024 Name & Address: CARY FLEISCHER 2605 HAMPSHIRE BLVD SE GRAND RAPIDS, MI 49506	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 1605 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/06/2024 Name & Address		
SARAH WOOLSEY 1330 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506	§ 500.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide:		
Occupation ORGANIZER Employer MICHIGAN DEMOCRATIC PARTY		
Business Address 606 TOWNSEND ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/08/2024 Name & Address: TRACY DOBSON 6635 LAU RD MONTAGUE, MI 49437	\$ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 6635 LAU RD, MONTAGUE, MI 49437		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/12/2024 Name & Address TIMOTHY LANGHOLZ 11140 JERRYSON DR GRAND LEDGE, MI 48837	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation LOBBYIST Employer NATIONAL FEDERATION OF INDEPENDENT BUSINESS		
Business Address 115 W ALLEGAN ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 8 of 45	Enter this total on line 3a of Summary Page.	



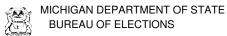
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

Enter contributor's name and address. If contribution is from an individual, enter last name, fir middle initial. Check box to indicate if contribution is from a Political Committee or an Indepen Committee (PAC) Report <u>all</u> contributions regardless of amount.	,	Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/12/2020 Name & Address: STEPHEN DRAFT-PEPPIN 2320 MONROE AVE NE GRAND RAPIDS, MI 49505		50.00_	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation APPLICATION SYSTEMS ANALYST Employer SPARROW HEALTH			
Business Address 1215 E MICHIGAN AVE, LANSING, MI 48912			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/202	24		_
JEFFREY THOMAS 447 CEDAR ST NE GRAND RAPIDS, MI 49503	\$ <u> </u>	100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation WEB DESIGNER/DEVELOPER Employer GRANDESIGNS			
Business Address 447 CEDAR ST NE, GRAND RAPIDS, MI 4950	03		
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/15/202 Name & Address: MARY MOLHOEK 645 GLADSTONE DR SE GRAND RAPIDS, MI 49506		50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED			
Business Address 645 GLADSTONE DR SE, GRAND RAPIDS, MI 4950	06		
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/16/202 Name & Address KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525		25.00	_{\$} _75.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer RETIRED			
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49	9525		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>		
Pa	age Subtotal 22	5.00	
Grand Total of All Sci (Complete on last page of	of Schedule)	er this total on	
Page 9 of 45		3a of Summary	



CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

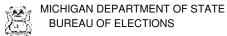
2. Committee Name

CTE CHRIS HERWEYER

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 03/16/2024 Name & Address: LAURE MIESKOWSKI 2241 LONGMEADOW ST NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 2241 LONGMEADOW ST NW, GRAND RAPIDS, MI 49504 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/17/2024 Name & Address JOYCE BLAND 1044 OLIN LAKES DR SPARTA, MI 49345	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 1044 OLIN LAKES DR, SPARTA, MI 49345		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/17/2024 Name & Address: HEATHER PIETROWSKI 329 AUBURN AVE SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation NOT EMPLOYED Employer NOT EMPLOYED Business Address 329 AUBURN AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/17/2024 Name & Address WINNI WALSH 2309 E LINCOLN AVE ROYAL OAK, MI 48067	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
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 $_{\text{Page}}\underline{10}_{\text{ of }}\underline{45}$

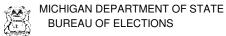
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CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

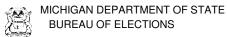
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/17/2024 Name & Address: WYATT CHEW 129 BUCKINGHAM ST SW GRAND RAPIDS, MI 49548 5. If over \$100.00 cumulative, please provide: Occupation CODER Employer COREWELL HEALTH	_{\$} 500.00	_{\$} 500.00
Business Address 80 68TH ST SE, GRAND RAPIDS, MI 49548 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address DEBORAH HAVENS 2449 OMEGA DR NE GRAND RAPIDS, MI 49525	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 2449 OMEGA DR NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address: STUART ZUEHLKE 1803 34TH ST SW WYOMING, MI 49519	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SYSTEMS ADMINISTRATOR Employer RDV CORP		
Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SMITH HAUGHEY RICE & ROEGGE		
Business Address 100 MONROE CENTER ST NW, GRAND RAPIDS, MI 49503 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) Page 11 of 45	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

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 03/18/2024 Name & Address: ELIZABETH ZICK 7733 PARK LN AVE GEORGETOWN TWP, MI 49428	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation YOUTH MINISTER Employer GRFUMC Business Address 227 FULTON ST E, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address ANDREW IRONS 113 PERE MARQUETTE DR UNIT 102 LANSING, MI 48912	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address: ROBERT SMITH 7015 MINDEW DR SW BYRON CENTER, MI 49315	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide: Occupation PRODUCTION TEAM MEMBER Employer NORTH AMERICA FUELS SYSTEMS REMANUFACTURING Business Address 4232 BROCKTON DR SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address ROBERT KILGO 948 BLACKBURN ST SW WYOMING, MI 49509	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide: Occupation ADMINISTRATIVE ASSISTANT Employer GCU		
Business Address 1011 ALDON ST SW, WYOMING, MI 49509 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 12 of 45	Enter this total on line 3a of Summary	
Page 12 of 10	Page.	



CANDIDATE COMMITTEE 2. Committee

2024008

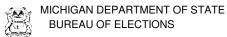
1. Committee I.D. Number

CTE CHRIS HERWEYER

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 03/18/2024 Name & Address: CLAY WEST 1600 GLEN FOREST DR SE ADA, MI 49301	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation JUDGE Employer KENT COUNTY Business Address 180 OTTAWA AVE NW STE 10200B, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address LUPE RAMOS-MONTIGNY 977 WALTHAM ST SE GRAND RAPIDS, MI 49546	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 977 WALTHAM ST SE, GRAND RAPIDS, MI 49546 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address: DANIEL RIVERA 4285 ABBY LN SW WYOMING, MI 49418	_{\$} 25.00	_{\$} 25.00
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 03/18/2024 Name & Address TIANA-MARIE PEAVEY 250 ROBERTA JAYNE DR LOWELL, MI 49331	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
Page Subtotal	200.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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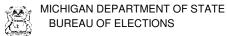
CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 03/18/2024 Name & Address: DYLAN SCHREINER 1075 51ST ST SE KENTWOOD, MI 49508	_{\$} 50.00	¢ 50.00
5. If over \$100.00 cumulative, please provide:	Φ	Ψ
Occupation MANAGER Employer YESTERDOG INC		
Business Address 1075 51ST ST SE, KENTWOOD, MI 49508		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/18/2024 Name & Address		_
LISA POLZIN		
4241 4 MILE RD NE	_{\$} 250.00	_{\$} 250.00
GRAND RAPIDS, MI 49525	*	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 4241 4 MILE RD NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/18/2024		
Name & Address:		
JUDITH JONES	_{\$} 100.00	_{\$} 100.00
2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505	<u>\$ 100.00</u>	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2500 OAKWOOD 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 03/18/2024 Name & Address		
NOEMI ARELLANO		
6460 WOODBROOK DR SE	§ 50.00	. 50.00
GRAND RAPIDS, MI 49546	\$ 3 3 3 3	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	450.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
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Page 14 of 45



CANDIDATE COMMITTEE

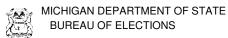
1. Committee I.D. Number __2024008

Page.

2. Committee Name CTE CHRIS HERWEYER

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 03/18/2024 Name & Address: LILY CHENG-SCHULTING 3703 BURTON ST SE GRAND RAPIDS, MI 49546	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/19/2024		
DAN HESSE 117 KNAPP ST NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 45.00
5. If over \$100.00 cumulative, please provide: Occupation IT MANAGER Employer ROYCE ROLLS RINGER CO		
Business Address 117 KNAPP ST NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/19/2024 Name & Address: SUE PETRO 7769 GLENWOOD POND DR ALTO, MI 49302	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/22/2024 Name & Address WESLEY WILSON 935 JACKSON ST NW APT 2 GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:		
OccupationSTATEWIDE INTERNSHIP COORDINATOR EmployerMICHIGAN LCV		
Business Address 340 BEAKES ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page 15 of 45



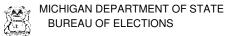
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

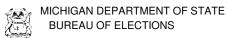
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/22/2024 Name & Address: MELINDA ABNEY KAISER 1010 SHERWOOD RD LA GRANGE PARK, IL 60526	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/23/2024 Name & Address CYNTHIA KRIEG 1939 DIAMOND AVE NE GRAND RAPIDS, MI 49505	_{\$} 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 1939 DIAMOND AVE NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/23/2024 Name & Address: STEPHEN WOODEN 161 GILPIN ST NE GRAND RAPIDS, MI 49505	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOUSING & COMMUNITY DEVELOPMENT MANAGER Employer DWELLING PLACE Business Address 101 SHELDON BLVD SE STE 2, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/25/2024 Name & Address BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGING PARTNER Employer THE WINMATT GROUP		
Business Address 201 NORWOOD AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	275.00	
Grand Total of All Schedules 1A	1 2 2 2	-
(Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/25/2024 Name & Address: MIRANDA HARVEY 2602 WOODLAKE RD SW APT 4 WYOMING, MI 49519 5. If over \$100.00 cumulative, please provide: Occupation LEASING MANAGER Employer TRINITY PROPERTY CONSULTANTS	_{\$} 50.00	_{\$} 50.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/28/2024 Name & Address MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/28/2024 ROSEMARY HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	<u>\$ 10.00</u>	_{\$} 20.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address JOSEPH VENEKLASE 6781 PARADISE PARK DR SARANAC, MI 48881	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 6781 PARADISE PARK DR, SARANAC, MI 48881 Type of Contribution: Loan from a person Fund Raiser		
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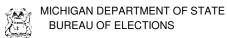
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

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 04/10/2024 Name & Address: SHERLYNN JAMES 1852 PLYMOUTH AVE SE GRAND RAPIDS, MI 49506	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation WEST MI POLITICAL MANAGER Employer ELISSA SLOTKIN FOR MICHIGAN		
Business Address 1852 PLYMOUTH AVE SE, GRAND RAPIDS, MI 49506		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/16/2024		
Name & Address KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525	_{\$} 25.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/20/2024 Name & Address: UA LOCAL 174 PAC 1008 O'MALLEY DR COOPERSVILLE, MI 49404	_{\$} 250.00	_{\$} 250.00
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 04/24/2024		
Name & Address ROSEMARY HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 25.00	_{\$} 45.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
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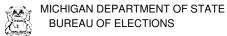


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

2024008

1. Committee I.D. Number

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 04/24/2024 Name & Address: MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.00
Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/25/2024		
Name & Address WESLEY WILSON 935 JACKSON ST NW APT 2 GRAND RAPIDS, MI 49504	\$ 100.00	_{\$} 225.00
5. If over \$100.00 cumulative, please provide:		
Occupation STATEWIDE INTERNSHIP COORDINATOR Employer MICHIGAN LCV		
Business Address 340 BEAKES ST, ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: ROSEMARY HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	<u>\$ 10.00</u>	_{\$} 55.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address RICHARD WILLIAMSON 752 PARIS AVE SE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation DEPUTY FINANCE DIRECTOR Employer MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE		
Business Address 606 TOWNSEND ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	105.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 19 of 45	Page.	



CANDIDATE COMMITTEE

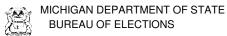
1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 05/02/2024 Name & Address: CLIMATE CABINET PAC 150 SUTTER ST #655 SAN FRANCISCO, CA 94104	\$2,000.00	_{\$} 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/08/2024 Name & Address RICHARD THRUSH 214 BALL PARK BLVD NW GRAND RAPIDS, MI 49504	_{\$} 200.00	§ 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 214 BALL PARK BLVD NW, GRAND RAPIDS, MI 49504 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/11/2024 Name & Address: NANCY MROCZKOWSKI 1800 LOTUS AVE SE GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	_{\$} 10.00	_{\$} _10.00
-		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/12/2024 Name & Address ERIC STRAND 2500 SKYE RD LANSING, MI 48911	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation MUSICIAN Employer GRFUMC		
Business Address 227 FULTON ST E, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,310.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 20 of 45

line 3a of Summary Page.



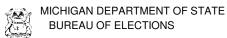
CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 05/13/2024 Name & Address: CHRISTOPHER WARDELL 523 DURAND ST EAST LANSING, MI 48823	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/13/2024 Name & Address MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 50.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/16/2024 Name & Address: KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525	_{\$} 25.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address THOMAS MCDOUGAL 5055 S DORCHESTER AVE APT 305 CHICAGO, IL 60615	_{\$} 111.11	_{\$_} 111.11
5. If over \$100.00 cumulative, please provide:		
Occupation EDUCATION CONSULTANT Employer THOMAS MCDOUGAL		
Business Address 5055 S DORCHESTER AVE APT 305, CHICAGO, IL 60615 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	211.11	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 21 of 45



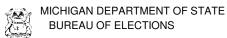
1. Committee I.D. Number __2024008

CANDIDATE COMMITTEE

2. Committee Name CTE CHRIS HERWEYER

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: PAULA ANDERSON 3024 COUNTRY SQUIRE LN DECATUR, GA 30033	_{\$} 27.78	_{\$} 27.78
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address		
NATHAN ARNOSTI 1500 ASHLAND AVE ST PAUL, MN 55104	_{\$} 5.55	_{\$} 5.55
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/23/2024 BILL MARSHALL 3 BLUE DAMSEL CT BILTMORE LAKE, NC 28715	_{\$} 10.00	_{\$} 10.00
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 05/23/2024 Name & Address ERIC JACOBSEN 2626 DEARBORN ST SALT LAKE CITY, UT 84106	_{\$} 27.78	_{\$} 27.78
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	Γ	<u> </u>
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00 45	Enter this total on line 3a of Summary	

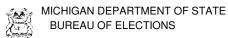
Page 22 of 45



1. Committee I.D. Number __2024008

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 05/23/2024 Name & Address: MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 50.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address BROCK ADLER 75 PARK ST UNIT 7 MEDFORD, MA 02155	_{\$} 111.11	<u>\$ 111.11</u>
5. If over \$100.00 cumulative, please provide: Occupation ENVIRONMENTAL EDUCATOR Employer BROCK ADLER Business Address 75 PARK ST UNIT 7, MEDFORD, MA 02155 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address: ROSEMARY HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 25.00	_{\$} 80.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address MARK FORD 1330 LOS COCHES CT CHULA VISTA, CA 91910	_{\$} 2.78	_{\$_} 2.78
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		
Type of Contribution: Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 23 of 45	Enter this total on line 3a of Summary Page.	-

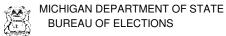


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

2024008

1. Committee I.D. Number

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 05/24/2024 Name & Address: DAVID HOCHMAN 305 E 24TH ST APT 2C NEW YORK, NY 10010 5. If over \$100.00 cumulative, please provide:	_ _{\$} 11.11	_{\$} 11.11
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2024	_	
Name & Address PETER POLLARD		
1825 RALSTON AVE	_{\$} 11.11	_s 11.11
RICHMOND, CA 94805	\$	\$ •
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address: JEFF RESSIN 309 AYITO RD SE VIENNA, VA 22180	 _{\$} 111.11	<u>\$ 111.11</u>
5. If over \$100.00 cumulative, please provide:		
Occupation CONSULTANT Employer ORACLE		
Business Address 1900 ORACLE WAY, RESTON, VA 20190		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/24/2024		
Name & Address DAVID NEWBOLD 47 VERMONT ST BOSTON, MA 02132	_{\$} 11.11	<u>\$ 11.11</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	tal 144.44	
Grand Total of All Schedules 1		
(Complete on last page of Schedul Page	Enter this total on line 3a of Summary Page.	ı



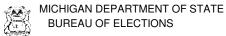
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 05/24/2024 Name & Address: LEANN BENT 386 PESCADERO TERRACE SUNNYVALE, CA 94086	\$2.78	_{\$} 2.78
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address		
JULIA DANIEL 860 MARIN DR	_s 5.56	_s 5.56
MILL VALLEY, CA 94941	φ	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address: JONATHAN MURPHY 518 VINE ST FRIDAY HARBOR, WA 98250	<u>\$11.11</u>	_{\$} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address JOEL NORTON 2186 LAKEBROOK DR NEW BRIGHTON, MN 55112	_{\$} 11.11	_{\$_} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	30.56	
Grand Total of All Schedules 1A		_
(Complete on last page of Schedule	Enter this total on line 3a of Summary	_1

Page 25 of 45



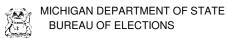
CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 05/24/2024 Name & Address: PAUL CULNAN 3555 SILVER PLUME CT BOULDER, CO 80305	_{\$} 27.78	_{\$} 27.78
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address ALEX NOVET 7347 BARKER WAY SAN DIEGO, CA 92119	_{\$} 5.56	_{\$} 5.56
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/24/2024 Name & Address: ALEXANDER CRITS-CHRISTOPH 951 FELL ST APT 506 BALTIMORE, MD 21231	_{\$} 22.22	_{\$} 22.22
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 05/24/2024 Name & Address CHRISTOPHER GREACEN 44 TUATARA RD LOPEZ ISLAND, WA 98261	_{\$} 11.11	_{\$} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	66.67	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_l

Page 25 of 45



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

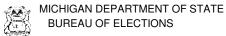
1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 05/25/2024 Name & Address: ROSS MACFARLANE 12571 CORLISS AVE N APT A SEATTLE, WA 98133	_{\$} 11.11	_{\$} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address ZACH STRUYK 308 FLORENCE AVE OAKLAND, CA 94618	_{\$} 2.77	_{\$} 2.77
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address: SAMUEL SPAK 274 SALMON BROOK ST GRANBY, CT 06035 5. If over \$100.00 cumulative, please provide:	_{\$} 11.11	_{\$} 11.11
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address BRIAN SMITH 152 VIA ROSINA JUPITER, FL 33458	_{\$} 11.11	_{\$_} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
Page Subtotal	36.10	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 27 of 45

line 3a of Summary Page.



1. Committee I.D. Number

2024008

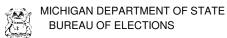
CTE CHRIS HERWEYER

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 05/25/2024 Name & Address: KJ DONEBY SMITH 4113 TULARE DR SILVER SPRING, MD 20906	_{\$} 11.11	_{\$} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/25/2024 Name & Address CAREY ZESIGER 3614 E COLUMBIA ST SEATTLE, WA 98122	<u>\$ 111.11</u>	_{\$} 111.11
5. If over \$100.00 cumulative, please provide: Occupation MANAGER Employer HAVANG Business Address 3614 E COLUMBIA ST, SEATTLE, WA 98122 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/26/2024 Name & Address: ISAAC MAZE-ROTHSTEIN 332 JAMAICAWAY #202 BOSTON, MA 02130	\$ 111.11	<u>\$ 111.11</u>
5. If over \$100.00 cumulative, please provide:		
Occupation SR. SUCCESS MANAGER Employer LEAP ENERGY		
Business Address 1700 MONTGOMERY ST STE 200, SAN FRANCISCO, CA 94111		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/26/2024 Name & Address SHIRLEY HUANG 901 W PACIFICVIEW DR BELLINGHAM, WA 98229	_{\$} 11.11	_{\$_} 11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct		
Page Subtotal	244.44	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	-

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line 3a of Summary Page.



CANDIDATE COMMITTEE

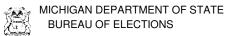
2024008 1. Committee I.D. Number

2. Committee Name

CTE CHRIS HERWEYER

Enter contributor's name and address. If co middle initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re	bution is from a Political Comm		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? [Name & Address: RICHARD RAY 901 W PACIFICVIEW DR BELLINGHAM, WA 98229	YES 4. Date of Rece	ipt 05/26/2024	_{\$} 11.11	_{\$} 11.11
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address AARON BROWN 5333 LOMA LINDA AVE APT LOS ANGELES, CA 90027	_	ipt 05/26/2024	<u>\$ 1.11</u>	_{\$} 1.11
5. If over \$100.00 cumulative, please prov	ide:			
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: KEN SANDLER 6300 CROOKED OAK LN FALLS CHURCH, VA 22042	YES 4. Date of Rece	o5/27/2024	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address JONATHAN BERMAN 647 S HAWTHORNE AVE ELMHURST, IL 60126	YES 4. Date of Rec	eipt <u>05/27/2024</u>	_{\$} 5.55	_{\$} 5.55
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
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20 45		rand Total of All Schedules 1A olete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 29 of 45



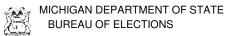
CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/27/2024 Name & Address: ELYSA HAMMOND 1801 ALAMEDA DR	FF F0	55 5C
AUSTIN, TX 78704	_{\$} 55.56	_{\$} 55.56
5. If over \$100.00 cumulative, please provide:		
Occupation SUSTAINABILITY Employer SELF-EMPLOYED		
Business Address 1801 ALAMEDA DR, AUSTIN, TX 78704		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/27/2024 Name & Address		
ELYSA HAMMOND		
1801 ALAMEDA DR	_{\$} 286.25	_{\$} 341.81
AUSTIN, TX 78704	*	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation SUSTAINABILITY Employer SELF-EMPLOYED		
Business Address 1801 ALAMEDA DR, AUSTIN, TX 78704		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/27/2024 Name & Address: BRIAN BOIES 622 FREMONT WAY SACRAMENTO, CA 95818	_{\$} 5.56	_{\$} 5.56
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 05/27/2024 Name & Address BETH STEKLER 4812 ALTON PL NW WASHINGTON, DC 20016	<u>\$11.11</u>	_{\$} _11.11
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	358.48	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_1

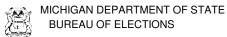
Page 30 of 45



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

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 05/28/2024 Name & Address: DAVID MORRISON 6266 SNOWBOND ST	_{\$} 55.56	_{&} 55.56
SAN DIEGO, CA 92120 5. If over \$100.00 cumulative, please provide:	§ 33.30	\$ 00:00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/2024 Name & Address		
ROSEMARY HERWEYER		
3316 MCKEE AVE SW	_{\$} 10.00	_{\$} 90.00
WYOMING, MI 49509	Ψ	φ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/28/2024		
MICHAEL HERWEYER		
3316 MCKEE AVE SW	_{\$} 25.00	_{\$} 225.00
WYOMING, MI 49509		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/2024 Name & Address		
CHRISTOPHER BAKER		
3430 MANOR DR	_{\$} 27.78	^{27.78}
MINNEAPOLIS, MN 55422	<u>\$ _ 7 . 7 . 6</u>	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	118.34	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
Page 31 of 45	line 3a of Summary Page.	



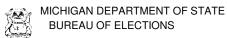
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report all contributions	ribution is from a Political Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: HENRY BRIDGE 238 CARROLL ST APT 3 CARROLL GARDENS, NY 1		eipt <u>05/28/2024</u>	_{\$} 27.78	_{\$} 27.78
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rece	eipt 05/28/2024		
PATRICK SIGNORET 600 COMMODORE COURT PHILADELPHIA, PA 19146	UNIT 2604		<u>\$ 11.11</u>	_{\$} 11.11
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: SARAH SEVERN 304 STRAITS VIEW DR FRIDAY HARBOR, WA 9825		05/28/2024	<u>\$ 11.11</u>	<u>\$ 11.11</u>
5. If over \$100.00 cumulative, please pro				
Occupation	_ Employer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?		ceipt 05/28/2024		
Name & Address BRUCE STEVENS 408 WAYFARE LN PONTE VEDRA BEACH, FL		03/20/2024	_{\$} 11.11	_{\$_} 11.11
5. If over \$100.00 cumulative, please pro	vide:			
Occupation	_ Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	61.11	
		Grand Total of All Schedules 1A inplete on last page of Schedule)	Enter this total on	
Page 32 of 45			line 3a of Summary Page.	



SCHEDULE 1A

CANDIDATE COMMITTEE 2. Committee 1

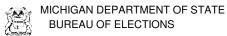
1. Committee I.D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

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 05/28/2024 Name & Address: MATTHEW HERRERO 1460 GOLDEN GATE AVE APT 4 SAN FRANCISCO, CA 94115	_{\$} 1.00	_{\$} 1.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/2024 Name & Address JOHN MENNEL 1014 APONI RD SE VIENNA, VA 22180	_{\$} 27.77	_{\$} 27.77
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 06/13/2024 Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 3,000.00	_{\$} 3,000.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/2024 Name & Address CHRISTOPHER WARDELL 523 DURAND ST EAST LANSING, MI 48823	_{\$} 6.00	_{\$} 31.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,034.77	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

 $_{\text{Page}}\underline{33}_{\text{ of }}\underline{45}$

Enter this total on line 3a of Summary Page.



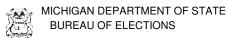
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 06/16/2024 Name & Address: KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 150.00
Occupation RETIRED Employer RETIRED		
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address CASEY ADAMS 510 SAWYER RD	_{\$} 25.00	_{\$} 25.00
LANSING, MI 48911	<u>\$ 20.00</u>	§ 20.00
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 06/25/2024 Name & Address: RUDY HOBBS 23795 RIVERVIEW DR SOUTHFIELD, MI 48034	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation LOBBYIST Employer MICHIGAN LEGISLATIVE CONSULTANTS		
Business Address 110 W MICHIGAN AVE, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/25/2024 Name & Address MATTHEW SOWASH 7304 CAPTIVA DR LANSING, MI 48917	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation LOBBYIST Employer MICHIGAN LEGISLATIVE CONSULTANTS		
Business Address 110 W MICHIGAN AVE, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Entor this test to	
34 45	Enter this total on line 3a of Summary	

Page 34 of 45



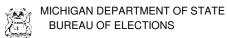
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 06/26/2024 Name & Address: JON HORFORD 227 N SYCAMORE ST LANSING, MI 48933	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u> </u>
Occupation LOBBYIST Employer JON HORFORD		
Business Address 227 N SYCAMORE ST, LANSING, MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address		
MAX AULBACH		
340 HOLLISTER AVE SE	_{\$} 25.00	_{\$} 25.00
GRAND RAPIDS, MI 49506	·	Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address: HEATHER WEIGEL 610 N SYCAMORE ST APT 2 LANSING, MI 48933	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/26/2024 Name & Address DANIEL HACKER-HECK 3513 SHERWOOD DR TROY, MI 48083	_{\$} 25.00	_{\$_} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	325.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1

Page 35 of 45



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

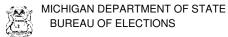
2024008

1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 06/27/2024 Name & Address: MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 275.00
Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 25.00	§ 300.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address: ROSEMARY HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509	_{\$} 10.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 3316 MCKEE AVE SW, WYOMING, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/28/2024 Name & Address GABRIEL BASSO 8784 YELLOWSTONE LN LANSING, MI 48917	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer BCBSM		
Business Address 232 S CAPITOL AVE, LANSING, MI 48933 Type of Contribution: Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	185.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

Page 36 of 45



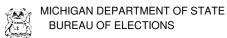
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 06/28/2024 Name & Address: FRIENDS OF JOHN FITZGERALD 428 W LENAWEE ST LANSING, MI 48933 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? ✓ YES 4. Date of Receipt 06/28/2024		
Name & Address FITZGERALD FOR MICHIGAN PAC 428 W LENAWEE ST LANSING, MI 48933	\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/30/2024 Name & Address: JANE WARD 4160 MILAN AVE SW GRAND RAPIDS, MI 49509	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Business Address 4160 MILAN AVE SW, GRAND RAPIDS, MI 49509 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/03/2024 Name & Address KAREN SANTELLI 2403 HIGHRIDGE HILLS LN SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2403 HIGHRIDGE HILLS LN SE, GRAND RAPIDS, MI 49546 Type of Contribution: Loan from a person Fund Raiser		
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Page 37 of 45

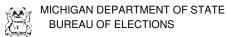


CANDIDATE COMMITTEE 2. Committee N

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 07/11/2024 Name & Address: TAI VERBRUGGE 440 DIAMOND AVE NE GRAND RAPIDS, MI 49503	_{\$} 250.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide: Occupation UTILITY FINANCIAL OFFICER Employer CITY OF GRAND RAPIDS Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/11/2024 Name & Address RON DRAAYER 2931 WILDFLOWER LN SE KENTWOOD, MI 49512	\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Occupation RETIRED Employer RETIRED Business Address 2931 WILDFLOWER LN SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/14/2024 Name & Address: KATHLEEN UNDERWOOD 2637 HAMPSHIRE BLVD SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide:	<u>\$ 150.00</u>	_{\$} 400.00
Occupation RETIRED Employer RETIRED		
Business Address 2637 HAMPSHIRE BLVD SE, EAST GRAND RAPIDS, MI 49506 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/16/2024 Name & Address KATHLEEN VAN DESSEL 4822 BRECKENRIDGE DR NE GRAND RAPIDS, MI 49525	_{\$} 25.00	_{\$_} 175.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 4822 BRECKENRIDGE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	475.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 38 of 45	Enter this total on line 3a of Summary Page.	J



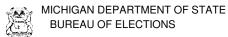
CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 07/16/2024 Name & Address: SCOTT STENSAAS 2158 ACADEMY DR NE GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address 2158 ACADEMY DR NE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address BILL STOUGH 1862 CHATEAU DR SW WYOMING, MI 49519	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 1862 CHATEAU DR SW, WYOMING, MI 49519 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: JOANNE GALLOWAY 5696 W TOWNLINE RD PICKFORD, MI 49774	_{\$} 25.00	_{\$} 25.00
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 07/18/2024 Name & Address JIM STROHMER 884 PURCHASE DR NE GRAND RAPIDS, MI 49525	_{\$} 50.00	_{\$} _50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 884 PURCHASE DR NE, GRAND RAPIDS, MI 49525 Type of Contribution: Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)]

 $_{\text{Page}}\underline{39}_{\text{of}}\underline{45}$

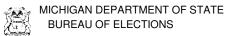


CANDIDATE COMMITTEE

2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 07/18/2024 Name & Address: STEPHEN WOODEN 161 GILPIN ST NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 100.00
Occupation HOUSING & COMMUNITY DEVELOPMENT MANAGER Employer DWELLING PLACE Business Address 101 SHELDON BLVD SE STE 2, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address JOSEPH VENEKLASE 6781 PARADISE PARK DR SARANAC, MI 48881	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Business Address 6781 PARADISE PARK DR, SARANAC, MI 48881 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506	<u>\$ 100.00</u>	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation MANAGING PARTNER Employer THE WINMATT GROUP Business Address 201 NORWOOD AVE 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 07/18/2024 Name & Address JUDITH JONES 2500 OAKWOOD AVE NE GRAND RAPIDS, MI 49505	_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 2500 OAKWOOD AVE NE, GRAND RAPIDS, MI 49505 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 40 of 45	Enter this total on line 3a of Summary Page.	

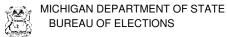


CANDIDATE COMMITTEE

1. Committee I.D. Number __2024008

2. Committee Name CTE CHRIS HERWEYER

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 07/18/2024 Name & Address: SAM WOLFE 1122 SIBLEY ST NW GRAND RAPIDS, MI 49504	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/2024		
MARILYNN SPRINGMAN 266 BONA VISTA DR NW GRAND RAPIDS, MI 49504	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 266 BONA VISTA DR NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address: HEATHER PALMER 306 ORCHARD HILL ST SE GRAND RAPIDS, MI 49506	_{\$} 20.00	_{\$} 20.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address LEA TOBAR 2430 HIGHRIDGE LN SE GRAND RAPIDS, MI 49546	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer RETIRED		
Business Address 2430 HIGHRIDGE LN SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	195.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 41 of 45	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

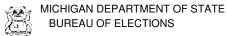
1. Committee I.D. Number __2024008

Page.

2. Committee Name CTE CHRIS HERWEYER

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 07/19/2024 Name & Address: BRIGITTE PFEIFFELMANN 111 ARTHUR AVE NE GRAND RAPIDS, MI 49503	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/19/2024 Name & Address MICHIGAN LCV PAC 340 BEAKES ST STE 110 ANN ARBOR, MI 48104	_{\$} 1,500.00	_{\$_} 1,500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: MATTHEW HOLMAN 109 FIELDCREST ST APT 103 ANN ARBOR, MI 48103	§ 2.00	_{\$} 12.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address DREW VANDRESE 1427 GLENGROVE AVE YPSILANTI TWP, MI 48198	_{\$} 50.00	_{\$} 75.00
5. If over \$100.00 cumulative, please provide: Occupation MARKETING YELLOW DOG CREATIVE		
Business Address 2106 US HWY 41 W, MARQUETTE, MI 49855		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,577.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u> -

Page 42 of 45



CANDIDATE COMMITTEE

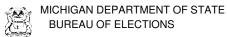
2024008 1. Committee I.D. Number

2. Committee Name CTE CHRIS HERWEYER

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 07/20/2024 Name & Address: MICHAEL HERWEYER 3316 MCKEE AVE SW WYOMING, MI 49509 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 325.00
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution: Direct Direct Doing Doing Direct Doing Dir		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024		
Name & Address JOEL OMBRY 2602 OAKWOOD AVE NE GRAND RAPIDS, MI 49505	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address: LOGAN ANBINDER 3900 OGLETHORPE ST HYATTSVILLE, MD 20782	_{\$} 20.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation LEGISLATIVE ANALYST Employer MONTGOMERY COUNTY, MD Business Address 3900 OGLETHORPE ST, HYATTSVILLE, MD 20782 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address TRACY DOBSON 6635 LAU RD MONTAGUE, MI 49437	§300.00	_{\$} 800.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED		
Business Address 6635 LAU RD, MONTAGUE, MI 49437		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	370.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page 43 of 45

Page.



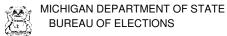
CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name

CTE CHRIS HERWEYER

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 07/20/2024 Name & Address: SARAH WOOLSEY 1330 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$} 575.00
5. If over \$100.00 cumulative, please provide: Occupation ORGANIZER Employer MICHIGAN DEMOCRATIC PARTY Business Address 606 TOWNSEND ST, LANSING, MI 48933 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/2024 Name & Address SNYDER FOR MICHIGAN PAC 428 W LENAWEE ST LANSING, MI 48933	\$ 100.00	<u>\$ 100.00</u>
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 07/21/2024 Name & Address: AUSTIN HARPER 4406 SEDGEMOOR AVE ROYAL OAK, MI 48073	_{\$} 22.00	_{\$} 22.00
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 07/21/2024 Name & Address KRISTOFER PACHLA 3012 HALL ST SE EAST GRAND RAPIDS, MI 49506	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation DIRECTOR Employer GRAND VALLEY STATE UNIVERSITY		
Business Address 1 CAMPUS DR, ALLENDALE TWP, MI 49401		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	247.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 44 of 45	Page.	



1. Committee I.D. Number

2024008

CANDIDATE COMMITTEE

2. Committee Name

CTE CHRIS HERWEYER

	to indicate if cont	ribution is from a Political Co	dual, enter last name, first name, ommittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: SARAH WOOLSI 1330 ROSEWOO GRAND RAPIDS	D AVE SE	YES 4. Date of F	Receipt 07/21/2024	_{\$} 150.00	_{\$} 725.00
5. If over \$100.00 cumul		vide:	N DEMOCRATIC BARTY		
Occupation ORGAN			N DEMOCRATIC PARTY		
	7 .	ND ST, LANSING			
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt		
				\$	\$
5. If over \$100.00 cumula	ative, please pro	vide:		Click Here fo	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Receipt	-	
				\$	\$
5. If over \$100.00 cumul	ative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address		<u></u>			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Receipt		
				\$	\$
5. If over \$100.00 cumul	ative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtota	150.00	
			Grand Total of All Schedules 1A	19 103 80	-
45 45		(0	Complete on last page of Schedule	Enter this total on	_l

Page 45 of 45



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 2024008

CANDIDATE COMMITTEE

2. Committee Name CTE CHRIS HERWEYER

CANDIDATE COMIN			
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 Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: IAN SANDLER-BOWEN 453 E MARSHALL ST FERNDALE, MI 48220 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description CAMPAIGN LOGO DESIGN 5. Date Of Receipt: 02/15/2024 6. Vendor Name & Address:	80.00	80.00
Fund Raiser Contribution			
Contribution # 2 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	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
	Clic	ck Here for Memo It	emization
Fund Raiser Contribution	. 🗖		
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo It	emization
Fund Raiser Contribution			
	Page Subtotal	80.00	80.00
	Grand Total of all Schedules 1-Ik		

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

Page 1 of 1



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

	4 Purpose (Paguired Information)	5. Date	6 Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		02/28/2024	\$ 49.96
7.0.2202	Purpose: SERVICE FEE	Date	⋄ <u>43.30</u>
Address PO BOX 441146	Purpose: SLITVIOLI LL	- 3.1.2	
SOMERVILLE, MA 02144			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACTBLUE		03/01/2024	04.00
NOTBEGE	050/405 555	Date	\$ <u>24.60</u>
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name ACTBLUE		03/04/2024	_* 1 16
	Purpose: SERVICE FEE	Date	\$ <u>1.16</u>
Address PO BOX 441146	Purpose: SETTVIOL I LL	Baio	
SOMERVILLE, MA 02144			
SOMETWILL, WA 02144	Charle have if their assessed it was in masses at a f		
□	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACTBLUE		03/05/2024	
71012202	0-5/40	Date	\$ 2.08
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name ACTBLUE		03/06/2024	
Addross	Purpose: SERVICE FEE	Date	\$ <u>4.16 </u>
Address PO BOX 441146	Purpose: OLIVIOLI LL	Date	
SOMERVILLE, MA 02144			
33	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
1 and Halou	statement		
	Subto	tal this page	81.96
	Grand Total of all S	Schedules 1B	
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

	4 Purpose (Paguired Information)	5. Date	6 Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		03/07/2024	\$ 20.81
7.0.2202	Purpose: SERVICE FEE	Date	Ψ <u>Ζυ.σι</u>
Address PO BOX 441146	Purpose: SLITVIOLI LL	- 5.1.5	
SOMERVILLE, MA 02144			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACTBLUE		03/08/2024	07.40
ACTBEGE	050/405 555	Date	\$ <u>37.46</u>
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
•			
Name ACTBLUE		03/12/2024	¢ 10 72
Address	Purpose: SERVICE FEE	Date	\$ <u>18.73</u>
Address PO BOX 441146	Purpose: OLITVIOL I LL		
SOMERVILLE, MA 02144			
CONTENT TELE, WIT OF 144	Check box if this expenditure is payment of		
□p.	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACTBLUE		03/14/2024	
	050/405 555	Date	\$ 2.08
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name ACTBLUE		03/15/2024	
Address	Purpose: SERVICE FEE	Date	\$ <u>3.93 </u>
PO BOX 441146	ruipose.	•	
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		4-14-1	00.64
	Subto	tal this page	83.01
	Grand Total of all		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

2.0	ommittee rame		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARTY CITY Address 4515 CANAL AVE SW GRANDVILLE, MI 49418	Purpose: FUNDRAISER SUPPLIES Check box if this expenditure is payment of	03/16/2024 Date	\$ <u>20.14</u>
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name LAWSON PRINTERS INC Address	Purpose: PRINTING	03/18/2024 Date	\$ <u>223.66</u>
685 W COLUMBIA AVE			
BATTLE CREEK, MI 49015			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name RUSSO'S PIZZA		03/18/2024 Date	\$ <u>144.75</u>
Address 1760 44TH ST SW WYOMING, MI 49519	Purpose: EVENT FOOD	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name 3 GATOS BREWERY		03/18/2024	\$ 141.19
Address 1760 44TH ST SW STE 8 WYOMING, MI 49519	Purpose: EVENT FOOD	Date	
✓ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ACTDILIC			
Name ACTBLUE		03/19/2024	. 0. 00
Address PO BOX 441146	Purpose: SERVICE FEE	Date	\$ <u>2.08</u>
SOMERVILLE, MA 02144			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	531.82
	Grand Total of all (Complete on last page		



2. Committee Name CTE CHRIS HERWEYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		1	
Name ACTBLUE		03/20/2024	\$ 50.43
	Purpose: SERVICE FEE	Date	Ψ <u>30.40</u>
Address PO BOX 441146	Purpose:		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ALAYNA HARLOW		03/21/2024	a 120 00
	Purpose: PHOTOGRAPHY	Date	\$ <u>120.00</u>
Address	Purpose: 111010011A1111		
212 CESAR E. CHAVEZ AVE SW APT 203			
GRAND RAPIDS, MI 49503	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name ACTBLUE		03/21/2024	\$ 2.32
Address	Purpose: SERVICE FEE	Date	* <u>2.02</u>
PO BOX 441146	- Laipeses.		
SOMERVILLE, MA 02144			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACTBLUE		03/26/2024	5.00
Address	Purpose: SERVICE FEE	Date	\$ <u>5.09</u>
Address PO BOX 441146	Purpose: SETTVICETEE		
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name ACTBLUE		03/27/2024	¢ 0 00
Address	Purpose: SERVICE FEE	Date	\$ 8.09
PO BOX 441146			
SOMERVILLE, MA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
and reason	statement		105.00
	Subto	tal this page	185.93
	Grand Total of all S		
	(Complete on last page	or Scriedule)	



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

<u> </u>	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: SERVICE FEE	04/01/2024 Date	\$ <u>1.76</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name ACTBLUE Address	Purpose: SERVICE FEE	04/08/2024 Date	\$ <u>3.93</u>
PO BOX 441146 SOMERVILLE, MA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name ACTBLUE Address	Purpose: SERVICE FEE	04/12/2024 Date	\$ 2.08
PO BOX 441146 SOMERVILLE, MA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name ACTBLUE	0557405 555	04/18/2024 Date	\$ 1.16
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: SERVICE FEE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ACTBLUE		04/26/2024	
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: SERVICE FEE	Date	\$ <u>3.24</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	12.17
	Grand Total of all ((Complete on last page		



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		04/29/2024	\$ 3.93
	Purpose: SERVICE FEE	Date	₹ <u>3.33</u>
Address PO BOX 441146	Purpose: OLITATOLI LL		
SOMERVILLE, MA 02144			
30m=1.17=2=, m/(32111	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name ACTBLUE		05/01/2024	\$ 0.60
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146	1 dipose		
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
•			
Name LAKE MICHIGAN CREDIT UNION		05/02/2024	\$ 10.00
Address	Purpose: WIRE FEE	Date	⊕ <u>10.00</u>
5986 METRO WAY	Purpose.		
WYOMING, MI 49519			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name ACTBLUE			
ACIDLUE		05/02/2024	\$ 1.16
Address	Purpose: SERVICE FEE	Date	1110
PO BOX 441146	- Granden		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #5			
Name JEFFREY THOMAS		05/08/2024	* 100 00
Address	Purpose: WEBSITE HOSTING/DESIGN	Date	\$ <u>120.00</u>
447 CEDAR ST NE			
GRAND RAPIDS, MI 49503	Cheek hew if this government is a recovery		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement	+	
	Subto	tal this page	135.69
	Grand Total of all	Schedules 1B	
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1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALAYNA HARLOW Address 212 CESAR E. CHAVEZ AVE SW APT 203 GRAND RAPIDS, MI 49503 Fund Raiser	Purpose: PHOTOGRAPHY Check box if this expenditure is payment of debt or obligation reported on previous	05/08/2024 Date	\$ <u>40.00</u>
Expenditure #2	statement		
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: SERVICE FEE	05/10/2024 Date	\$ <u>7.63</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MICHIGAN DEMOCRATIC PARTY	- VOTER DATABASE PURCHASE	05/11/2024 Date	\$ <u>150.00</u>
Address 606 TOWNSEND ST LANSING, MI 48933	Purpose: VOTER DATABASE PURCHASE Check box if this expenditure is payment of debt or obligation reported on previous	24.0	
Expenditure #4	statement		
Name ACTBLUE		05/15/2024	\$ 7.77
Address PO BOX 441146 SOMERVILLE, MA 02144	Purpose: SERVICE FEE	Date	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Address PO BOX 441146	Purpose: SERVICE FEE	05/20/2024 Date	\$ <u>1.16</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	206.56
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341	Purpose: PRINTING	05/26/2024 Date	\$ <u>530.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name ACTBLUE Address PO BOX 441146	Purpose: SERVICE FEE	05/28/2024 Date	\$ <u>9.98</u>
SOMERVILLE, MA 02144 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name ACTBLUE Address PO BOX 441146	Purpose: SERVICE FEE	05/29/2024 Date	\$ <u>17.56</u>
SOMERVILLE, MA 02144	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name ACTBLUE Address	Purpose: SERVICE FEE	05/30/2024 Date	\$ <u>38.76</u>
PO BOX 441146 SOMERVILLE, MA 02144	Purpose: OLITVIOL I LL Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name ACTBLUE Address PO BOX 441146	Purpose: SERVICE FEE	06/17/2024 Date	\$ <u>0.45</u>
SOMERVILLE, MA 02144	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	596.75
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

	ommittee rame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		06/20/2024	4.40
ACTOLOL	050\405.555		\$ <u>1.16</u>
Address	Purpose: SERVICE FEE	Date	<u> </u>
PO BOX 441146			
SOMERVILLE, MA 02144			
COMERCIALE, WAY OF THE	□ a, , , , , , , , , , , , , , , , , ,		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION		06/25/2024	
Name MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION		00/23/2024	\$ 75.00
	Purpose: EVENT SPACE RENTAL	Date	
Address	Purpose:		
332 TOWNSEND ST			
LANSING, MI 48933			
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
✓ Fund Raiser	statement		
Expenditure #3			
Name OTABLEO			
Name STAPLES		06/27/2024	\$ 42.68
	OFFICE SLIDBLIES	Date	\$ <u>42.00</u>
Address	Purpose: OFFICE SUPPLIES	Date	
3313 CENTURY CENTER ST SW			
GRANDVILLE, MI 49418			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name ACTBLUE		06/27/2024	
NOTBLOE			\$ 3.24
Address	Purpose: SERVICE FEE	Date	<u> </u>
PO BOX 441146	Purpose: Garage Fundamental Purpose: Purpose: Garage Fundamental Purpose: Purpose: Garage Fundamental Purpose: Gar		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fixed Delega	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ACTBLUE			
ACTOLUE		06/28/2024	¢ 10 06
Address	Purpose: SERVICE FEE	Date	\$ <u>12.96</u>
PO BOX 441146	. a.poso.		
SOMERVILLE, MA 02144			
OOMERT VILLE, WITTOLTT	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	135.04
			100.04
	Grand Total of all		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

	4 Durage (Dequired Information)	5. Date	C Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ACTBLUE		07/01/2024	\$ 2.08
,	Purpose: SERVICE FEE	Date	Φ <u>2.00</u>
Address PO BOX 441146	Purpose: SLITVIOLI LL		
SOMERVILLE, MA 02144			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name ACTBLUE		07/02/2024	F 00
ACTBEGE	050/405 555	Date	\$ <u>5.69</u>
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name ACTBLUE		07/03/2024	* 2 U8
Address	Purpose: SERVICE FEE	Date	\$ <u>2.08</u>
Address PO BOX 441146	Purpose: OLITVIOL I LL		
SOMERVILLE, MA 02144			
CONTENT TELE, WIT OF 144	Check box if this expenditure is payment of		
□p.	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ACTBLUE		07/08/2024	
	050/405 555	Date	\$ 3.93
Address	Purpose: SERVICE FEE	Date	
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #5			
Name LAWSON PRINTERS INC		07/11/2024	. 500.00
Address	Purpose: PRINTING	Date	\$ <u>508.80</u>
685 W COLUMBIA AVE	1 u1puse		
BATTLE CREEK, MI 49015			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	500.50
	Subio	tal this page	522.58
	Grand Total of all		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u> </u>	
Name ACTBLUE		07/15/2024	\$ 11.56
	Purpose: SERVICE FEE	Date	\$ 11.5 <u>0</u>
Address PO BOX 441146	Purpose: OLITATOLI LL		
SOMERVILLE, MA 02144			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name ACTBLUE		07/17/2024	. F 70
7.0.2202	SEDVICE EEE	Date	\$ <u>5.78</u>
Address	Purpose: SERVICE FEE		
PO BOX 441146			
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name ACTBLUE		07/18/2024	
71018282	OFDVIOE FFF		\$ <u>3.24</u>
Address PO BOX 441146	Purpose: SERVICE FEE	Date	
SOMERVILLE, MA 02144			
OOMETWILLE, INA 02144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name ACTBLUE		07/19/2024	• 0 00
Address	Purpose: SERVICE FEE	Date	\$ <u>3.93 </u>
PO BOX 441146	Purpose: OLITATOLI LL		
SOMERVILLE, MA 02144			
	Check box if this expenditure is payment of		
m	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Burnasa	Date	\$
Audices	Purpose:	Date	·
	Click H	Here for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	24.51

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



DEBTS AND OBLIGATIONS SCHEDULE 1E

	_	
CANDIDATE	COMMITTEE	2. Cor

mmittee Name CTE CHRIS HERWEYER

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: HERWEYER CHRIS 2560 WOODLAKE RD SW APT 2	4. Type: DEBT 5. Date Debt Was Incurred:	<u> </u>		
WYOMING, MI 49519	02/23/2024 6. Original Amount of Debt: \$ 5.00	\$ \$	\$ 0.00	\$_5.00
If bank loan, name of endorser or guarantor:	\$_3.00	\$Amo	ount Endorsed:\$	FORGIVEN
Debt #2 Corp? Yes Owed to or by: CHRIS HERWEYER 2560 WOODLAKE RD SW APT 2	4. Type: LOAN TO COMMITTEE 5. Date Debt Was Incurred:	\$ \$		
WYOMING, MI 49519	02/26/2024 6. <u>Original Amount of Debt</u> : \$ 250.00	\$	\$ 0.00	\$_250.00
If bank loan, name of endorser or guarantor:	\$_200.00	\$ An	nount Endorsed: \$_	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> :	\$ \$		
	6. Original Amount of Debt:	\$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	_
Page Subtotal (Outstanding debt)			255.00	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)			255.00 Enter this total	
				on line 10e "eved

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.

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

Page 1 of 1



Summary Page.

Page 1 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name CTE CHRIS HERWEYER

	of Individuals Attending ating (whichever is 45 5,045.00	5. Type of Fund Raising		6. Address and Name (If any) of place where the activity was he 3 GATOS BREWER 1760 44TH ST SW SWYOMING, MI 495 Private Residence
		CAMPAIGN LAUNCH	I DINNER	1760 44TH ST SW 5 WYOMING, MI 495
	5,045.00			i livate i testuelice
	0.00			
nd 8)	5,045.00			
ıtributions	306.08 and All Expenditures	Made For the Event)		
nt fund ra	iser and complete the	following:		
Contribution S (%)		plit		Expenditure Split (%)
		tributions and All Expenditures nt fund raiser and complete the Contribution S	nt fund raiser and complete the following: Contribution Split	nt fund raiser and complete the following: Contribution Split

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.



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 2024008

2. Committee Name CTE CHRIS HERWEYER

	- 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. MICHIGAN BEER & WINE
06/26/2024	20	FUNDRAISER WITH LIGHT HORS D'OEUVRES	WHOLESALERS ASSOCIATION 332 TOWNSEND ST LANSING, MI 48933 Private Residence
7. Total Contributions	750.00		
3. Other Receipts	0.00		
). Gross Receipts (Add lines 7	and 8) 750.00		
Total Cost of Event Total Cost includes In-Kind Co	75.00 ontributions and All Expenditures	Made For the Event	
	oint fund raiser and complete the		
Co-Sponsor(s)	Contribution S (%)	Split	Expenditure Split (%)

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

Dago	2	of 3
Page	_	or O



Summary Page.

Page 3 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name CTE CHRIS HERWEYER

	- USE A SEPARATE SHI	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 place where the activity was held HOME OF THE WARNOC
07/18/2024	20	HOUSE PARTY	FAMILY 1830 LINSON CT SE GRAND RAPIDS, MI 4954 Private Residence
7. Total Contributions	1,345.00		
3. Other Receipts	0.00		
9. Gross Receipts (Add lines 7	1,345.00		
Total Cost of Event	0.00 ntributions and All Expenditures	Made For the Event)	
1. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
-			
period covered by the C	Campaign Statement.	er Schedule for each fund raising	

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.