

CANDIDATE COMMITTEE COVER PAGE

FILED 26 JUL 2024 PM 03:13

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 01/01/2024 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 M.I. 4. Candidate Last Name LINDSEY THIFI 20200028 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name COUNTY COMMISSIONER, 11TH DISTRICT, KENT COUNTY COMMITTEE TO ELECT LINDSEY THIEL 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 510 ARROWHEAD SE JOSEPH THIEL GRAND RAPIDS, MI 49546 510 ARROWHEAD SE GRAND RAPIDS, MI 49546 Area Code and Phone (616) 560-3870

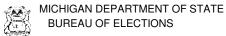
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 560-3870 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 510 ARROWHEAD SE GRAND RAPIDS, MI 49546 Area Code and Phone (616) 560-3870 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 20200028

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Outhdialive this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 42,270.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 42,270.00	(18.) \$ 44,520.00
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.) \$ 42,270.00	(20.) \$ 44,520.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1,100.57	(21.) \$ 1,100.57
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.) \$ 11,511.76	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _11,511.76	(23.) \$ 15,635.51
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)		0.00
DEBTS AND OBLIGATIONS	(11.) \$ 0.00	(24.) \$ 0.00
12. Debts and Obligations	0.00	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _0.00	
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) 	SALANCE STATEMENT (13.) 6,252.71 (14.) + 42,270.00 (15.) = 48,522.71 (16.) - 11,511.76 (17.) 37,010.95	*



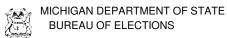
CANDIDATE COMMITTEE

1. Committee I.D. Number _

20200028

2. Committee Name

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: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW SUITE 150 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 500.00	_{\$} 500.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/02/2024		
Name & Address KATIE DEBOER 7210 RAMSDELL DR NE ROCKFORD, MI 49341	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation COUNTY COMMISSIONER Employer KENT COUNTY		
Business Address 300 MONROE AVE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? VES 4. Date of Receipt 05/03/2024 Name & Address: MATAIN OUR MAJORITY 220 LYON ST NW STE 510 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/13/2024 Name & Address PHIL YEITER 3140 WOODSBORO DR NE GRAND RAPIDS, MI 49525	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation HEALTH CARE ADMINISTRATION Employer COREWELL HEALTH		
Business Address 100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 1 of 15	Page.	



1. Committee I.D. Number __20200028

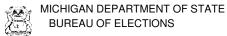
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CANDIDATE COMMITTEE 2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

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 05/14/2024 Name & Address: MARY KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503	_s 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer HOMEMAKER	·	
Business Address 35 BEL AIR DR NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/14/2024 Name & Address		
LAURA HOFFMAN		
13261 TISDEL AVE NE	_s 50.00	_s 50.00
CEDAR SPRINGS, MI 49319	·	*
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 05/15/2024 Name & Address: CHRIS AFENDOULIS 240 EDGEHILL DR SE GRAND RAPIDS, MI 49546	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ACCOUNTANT Employer KENONA INDUSTIRES LLC		
Business Address 3044 WILSON AVE NW, WALKER, MI 49534		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/16/2024 Name & Address VAS CHRISTOPOULOS 1640 FLOWERS MILL DR NE GRAND RAPIDS, MI 49525	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	900.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>-</u> ,

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CANDIDATE COMMITTEE

1. Committee I.D. Number __20200028

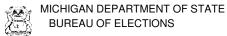
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2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

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 05/17/2024 Name & Address: SHANA SHROLL 7219 NANTUCKET DR SW BYRON CENTER, MI 49315	_{\$} 50.00	_{\$} 50.00
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 05/17/2024		
Name & Address DAVID TURCH		
517 2ND ST NE	, 1,225.00	_{\$} 1,225.00
WASHINGTON, DC 20002	Ф	<u>\$</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer TURCH AND ASSOCIATES		
Business Address 517 2ND ST NE, WASHINGTON, DC 20002		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/17/2024		
Name & Address:		
MERIDEL TURCH 517 2ND ST NE	_{\$} 25.00	_{\$} 25.00
WASHINGTON, DC 20002	<u> </u>	<u>\$ 20.00</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 # 4 PAC Receipt? YES 4. Date of Receipt 05/20/2024		
Name & Address ———————————————————————————————————		
3333 FALCON BLUFF DR NE	_{\$} 150.00	. 150.00
GRAND RAPIDS, MI 49525	\$ 130.00	\$ 130.00
5. If over \$100.00 cumulative, please provide:		
Occupation		
Business Address 2801 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,450.00	
Grand Total of All Schedules 1A	-	
(Complete on last page of Schedule)	Enter this total on	<u>.</u> l
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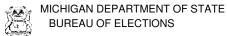


1. Committee I.D. Number _

20200028

CANDIDATE COMMITTEE 2. Committee Name

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 05/21/2024 Name & Address: RUSTY RICHTER 5665 IVANREST AVE SW WYOMING, MI 49418 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 100.00	_{\$} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? VES 4. Date of Receipt 05/22/2024 Name & Address TGIF VICTORY FUND PO BOX 223 GRANDVILLE, MI 49468	\$ 12,250.00	_{\$} 12,250.00
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 05/22/2024 SUSAN HASCALL 5300 MICHIGAN ST NE ADA, MI 49301	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF EMPLOYED Employer SELF EMPLOYED		
Business Address 5300 MICHIGAN ST NE, ADA, MI 49301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/22/2024 Name & Address SCOTT GREENLEE 1634 PEPPERTREE LN LANSING, MI 48912	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer GREENLEE CONSULTING		
Business Address 1634 PEPPERTREE LN, LANSING, MI 48912 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	12,700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 15	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

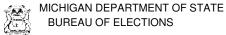
2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

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 05/22/2024 Name & Address: BEN GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Employer KENT COUNTY Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution:	\$ 1,000.00	_{\$} 1,000.00
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? VES 4. Date of Receipt 05/23/2024 Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW SUITE 150 GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 1,000.00	_{\$} 1,500.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address MARY KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503	_{\$} 250.00	_{\$} 750.00
5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer HOMEMAKER		
Business Address 35 BEL AIR DR NE, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	2,500.00	
Grand Total of All Schedules 1A	2,500.00	
(Complete on last page of Schedule)	Enter this total on	J

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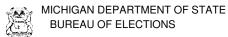
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

20200028

2. Committee Name

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: STAN STEK 1274 WHITE PINE DR SW GRAND RAPIDS, MI 49534 5. If over \$100.00 cumulative, please provide: Occupation COUNTY COMMISSIONER Employer KENT COUNTY	_{\$} 250.00	_{\$} 250.00
Business Address 300 MONROE AVE, GRAND RAPIDS, MI 49503 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 FRIENDS OF DAVE HILDENBRAND 2700 TIMPSON AVE SE LOWELL, MI 49331 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} _100.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: COMMITTEE TO KEEP MICHELLE LAJOYE-YOUNG 2999 COOKS CREEK DR NE GRAND RAPIDS TWP, MI 49525	<u>\$ 100.00</u>	_{\$} 100.00
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 CHRIS BECKER 5800 HIGHBURY DR SE ADA, MI 49301	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation KENT COUNTY PROSECUTOR Employer KENT COUNTY		
Business Address 300 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 15	Enter this total on line 3a of Summary Page.	J



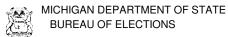
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

20200028

2. Committee Name

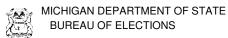
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: STAN PONSTEIN 3967 EDGEWOOD ST SW GRANDVILLE, MI 49418 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address SIDNEY JANSMA JR 55 CAMPAU AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 2,450.00
5. If over \$100.00 cumulative, please provide: Occupation CHAIRMAN OF THE BOARD Employer WOLVERINE GAS AND OIL CORP		
Business Address 55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: DONIJO DEJONGE 8863 BRAEBURN CT GEORGETOWN TWP, MI 49428	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation PROFESSOR Employer GRAND VALLEY STATE UNIVERSITY Business Address 401 FULTON ST W, GRAND RAPIDS, MI 49504 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 KEARY SAWYER 418 COLLEGE AVE NE GRAND RAPIDS, MI 49503	_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SAWYER LAW OFFICES		
Business Address 418 COLLEGE AVE NE, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,675.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 15	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number __20200028

CANDIDATE COMMITTEE 2. Committee Name

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: MEGHAN MOTT 1874 LEFFINGWELL AVE NE GRAND RAPIDS, MI 49525	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation OPERATIONS DIRECTOR Employer SMALL BUSINESS ASSOC OF MI FOUNDATION		
Business Address 101 S WASHINGTON SQUARE, LANSING, MI 48933		
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		
STEVE JENKINS 6121 STATLER DR SE	.500.00	_{\$} 500.00
CALEDONIA, MI 49316	\$ <u>000.00</u>	<u>\$ 000.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer DIVERSIFIED INSTALLATIONS		
Business Address 470 MARKET AVE SW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address: LEESA BURRILL 2879 BARCROFT DR SW	.1.225.00	_s 1,225.00
WYOMING, MI 49418	\$ 1,==0.00	\$ 1,223.00
5. If over \$100.00 cumulative, please provide: Occupation SUPERVISOR Employer GRANDVILLE PUBLIC SCHOOLS		
Business Address 4700 CANAL AVE SW, GRANDVILLE, MI 49418 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution: PAC Receipt? YES 4. Date of Receipt 05/24/2024		
JAMES BROWN 338 GREENBRIER DR SE GRAND RAPIDS, MI 49546	_{\$} 100.00	_s 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer MIKA MEYERS		
Business Address 900 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,925.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) Page 6 of 15	Enter this total on line 3a of Summary	_1
Page O of I	Page.	



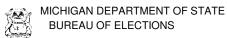
20200028

1. Committee I.D. Number COMMITTEE TO ELECT LINDSEY THIEL CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? 3. Contribution # 1 YES 4. Date of Receipt 05/28/2024 Name & Address: CTE PETE MACGREGOR 8209 VISTA ROYALE LN NE £ 100.00 £ 100.00 ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide: Occupation _ Employer. Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #2 YES 4. Date of Receipt 05/30/2024 PAC Receipt? Name & Address JC HUIZENGA 3755 36TH ST SE \$ 1,225.00 \$ 1,225.00 STE 100 **GRAND RAPIDS, MI 49512** 5. If over \$100.00 cumulative, please provide: Employer NATIONAL HERITAGE ACADEMIES Occupation EXECUTIVE Business Address 3755 36TH ST SE, GRAND RAPIDS, MI 49512 Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 06/02/2024 YES Name & Address: JEAN KOORNDYK \$ 50.00 \$ 50.00 3604 FULTON ST E **APT 148 GRAND RAPIDS, MI 49546** 5. If over \$100.00 cumulative, please provide: $_{\sf Occupation}_{\sf RETIRED}$ $_{\mathsf{Employer}_}\mathsf{RETIRED}$ **Business Address** Direct Type of Contribution: Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt 06/04/2024 Name & Address JOHN KENNEDY 4150 E PARIS AVE SE _s 1,225.00 _s 1,225.00 KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer AUTOCAM MEDICAL Business Address 3607 BROADMOOR AVE SE, KENTWOOD, MI 49512 Type of Contribution: | | Direct Fund Raiser Loan from a person Page Subtotal 2.600.00 Grand Total of All Schedules 1A

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(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



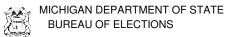
1. Committee I.D. Number ___

20200028

CANDIDATE COMMITTEE

2. Committee Name

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 06/04/2024 Name & Address: NANCY KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation LITERACY ADVOCATE Employer AUTOCAM Business Address 3607 BROADMOOR AVE SE, KENTWOOD, MI 49512	_{\$} 1,225.00	_{\$} 1,225.00
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/2024 Name & Address ROGER MORGAN 10585 TEFFT AVE NE ROCKFORD, MI 49341 5. If over \$100.00 cumulative, please provide:	_{\$} 400.00	_{\$} 400.00
Occupation RETIRED Employer RETIRED		
Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: RICHARD DEVOS JR 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer RDV CORPORATION 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 06/06/2024 Name & Address BETSY DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$_} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer WINDQUEST GROUP		
Business Address 200 MONROE AVE NW, #500, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 15	4,075.00 Enter this total on line 3a of Summary Page.	



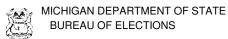
1. Committee I.D. Number 2020

20200028

CANDIDATE COMMITTEE

2. Committee Name

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 06/06/2024 Name & Address: HAROLD KOORNDYK 3604 FULTON ST E APT 148 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer RETIRED Business Address Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 100.00	_{\$} 100.00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address		_
PAMELLA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation DESIGNER Employer PAMELLA ROLAND DESIGNS		
Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/06/2024 Name & Address: DOUG DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer RDV CORPORATION		
Occupation EXECUTIVE Employer RDV CORPORATION 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 06/06/2024 Name & Address DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESIDENT Employer DP FOX VENTURES		
Business Address 200 MONROE AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	3,775.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 11 of 15	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number _

20200028

CANDIDATE COMMITTEE

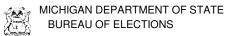
2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

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 06/06/2024 Name & Address: SUZANNE CHERYL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	_{\$} 1,225.00	_{\$} 1,225.00
Occupation EXECUTIVE Employer RDV CORPORATION Business Address 200 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 06/06/2024 Name & Address EMILY BRIEVE 7438 MISSOULA DR SE CALEDONIA, MI 49316	_{\$} 100.00	_{\$} 100.00
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 06/06/2024 Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer RDV CORPORATION 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 06/08/2024 Name & Address ALEXANDER PERIC 7424 OLD LANTERN DR SE CALEDONIA, MI 49316	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation COO Employer GERALD R FORD INTERNATIONAL AIRPORT		
Business Address 5500 44TH ST SE, GRAND RAPIDS, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	3,050.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 12 15	Enter this total on line 3a of Summary	

Page IZ of ID

Page.



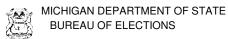
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

20200028

2. Committee Name

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 06/10/2024 Name & Address: MARK BISSELL		
2345 WALKER AVE NW GRAND RAPIDS, MI 49544	1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:	<u>ъ</u>	p
Occupation CEO Employer BISSELL		
Business Address 2345 WALKER AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2024		
Name & Address		
JAMES WILLIAMS 3706 BUTTRICK AVE SE	1 225 00	1 225 00
ADA, MI 49301	\$ 1,223.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIRMAN OF THE BOARD Employer WILLIAMS DISTRIBUTING		
Business Address 658 RICHMOND ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address:		
REALTORS PAC OF MICHIGAN I	_{\$} 500.00	500 00
720 N WASHINGTON AVE LANSING, MI 48906	\$ 300.00	_{\$} 500.00
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 06/13/2024		-
Name & Address ———————————————————————————————————		
MICHAEL JANDERNOA 171 MONROE AVE NW	1 005 00	4 005 00
GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$_} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation FOUNDER AND CHAIRMAN Employer 42 NORTH PARTNERS		
Business Address 171 MONROE AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4,175.00	
Grand Total of All Schedules 1A	4,175.00	-
(Complete on last page of Schedule)	Enter this total on	J
Page 13 of 15	line 3a of Summary Page.	

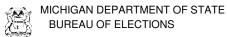


1. Committee I.D. Number __20200028

CANDIDATE COMMITTEE

2. Committee Name

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 06/13/2024 Name & Address: WALTER BUJAK 6639 THORNAPPLE RIVER DR SE ALTO, MI 49302	_{\$} 100.00	_{\$} 100.00
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 06/26/2024		
Name & Address REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906	_{\$} 500.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/27/2024 Name & Address: KIMBERLY SMALL 2955 ISLE WATER DR PLAINFIELD TWP, MI 49306	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/01/2024		
MARY KRUEGER 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546	_{\$} 1,225.00	_{\$_} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOMEMAKER Employer HOMEMAKER		
Business Address 1595 LARAWAY LAKE DR SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,925.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 14 of 15	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

20200028

2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

3. Contribution # 1 PAC Receipt?	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)
Occupation Employer Find Raiser Fund R	Name & Address: MIKE ROCHELEAU 6254 RAPIDFALL DR NE PLAINFIELD TWP, MI 49306	_{\$} 20.00	_{\$} 20.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Semployer Semplo	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Pace Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Fund Raiser S. If over \$100.00 cumulative, please provide: Fund Raiser S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization S. If over \$100.00 cumulative, please provide: S.	Occupation Employer		
3. Contribution #2 Name & Address FAC Receipt? YES 4. Date of Receipt S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization CccupationEmployer			
S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization CocupationEmployer Business Address Type of Contribution: Direct	Type of Contribution: Direct Loan from a person Fund Raiser		
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OccupationEmployer			
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Susiness Address: Loan from a person Fund Raiser Click Here for Memo Itemization Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser S. If over \$100.00 cumulative, please provide: Cocupation Fund Raiser Click Here for Memo Itemization Fund Raiser Click Here for Memo Itemization Cocupation Fund Raiser S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Click Here for Memo Itemization Cocupation Fund Raiser Fund Raiser Click Here for Memo Itemization Click Here for Memo Itemization Cocupation Fund Raiser Page Subtotal Cloon Itemization Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$	\$
Business Address Type of Contribution: Direct	5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: Series Address: Series Address Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Series Address Address Type of Contribution: Direct Loan from a person Fund Raiser 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Series Address Address Fund Raiser Click Here for Memo Itemization Click Here for Memo Itemization Click Here for Memo Itemization Fund Raiser Series Address Address Fund Raiser Click Here for Memo Itemization	Occupation Employer		
3. Contribution # 3 Name & Address: S. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Direct	Business Address		
S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Cocupation Employer Business Address Type of Contribution: Direct	Type of Contribution: Direct Loan from a person Fund Raiser		
5. If over \$100.00 cumulative, please provide: Cccupation			
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct		·	\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Complete on last page of Schedule) Click Here for Memo Itemization	5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Complete on last page of Schedule) Click Here for Memo Itemization	Occupation Employer		
3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date of Receipt \$	Business Address		
Name & Address \$ 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	Type of Contribution: Direct Loan from a person Fund Raiser		
Occupation Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 20.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 42,270.00	1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1		
Occupation Employer		\$	\$
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 20.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 42,270.00	5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 20.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) 42,270.00	Occupation Employer	Olick Flere for	Memo Remization
Page Subtotal Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 42,270.00	Business Address		
Grand Total of All Schedules 1A (Complete on last page of Schedule) 42,270.00	Type of Contribution: Direct Loan from a person Fund Raiser		
(Complete on last page of Schedule)	Page Subtotal	20.00	
			J

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line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number <u>2020</u>0028

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

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: DAN KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: AGENT Employer Name & Business Address: STATE FARM 3219 EASTERN AVE SE, GRAND RAPIDS, MI 49508 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description ☐ DRINKS FOR FUNDRAISER 5. Date Of Receipt: 05/22/2024 6. Vendor Name & Address: COSTCO 5100 28TH ST SE, GRAND RAPIDS, MI 49512	123.23	1,123.23
Contribution # 2 PAC Receipt? Yes Name & Address DAN KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: AGENT Employer Name & Address: STATE FARM 3219 EASTERN AVE SE, GRAND RAPIDS, MI 49508 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description ☐ DRINKS FOR FUNDRAISER 5. Date Of Receipt: ☐ 05/22/2024 6. Vendor Name & Address: TOTAL WINE & MORE 2601 28TH ST SE, GRAND RAPIDS, MI 49512	ŀ6.62 [₹]	1,169.85
Contribution #3 PAC Receipt? Yes Name & Address: TERRI LYNN LAND 7955 BYRON STATION CT SW BYRON CENTER, MI 49315 If over \$100.00 cumulative, please provide: Occupation: PARTNER Employer Name & Address: OFFICES AT LOUIS CAMPAU 168 CAMPAU PROMENADE, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN ☐ Description FOOD FOR FUNDRAISER 5. Date Of Receipt: 05/23/2024 6. Vendor Name & Address: KITCHEN 67 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525	16.69 \$	716.69
	Page Subtotal	886.54	1,886.54
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 20200028

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

CANDIDA I E 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: LINDSEY THIEL 510 ARROWHEAD AVE SE GRAND RAPIDS, MI 49546 If over \$100.00 cumulative, please provide: Occupation: COUNTY COMMISSIONER Employer Name & Business Address: KENT COUNTY 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description PARADE CANDY 5. Date Of Receipt: 06/12/2024 6. Vendor Name & Address: SAM'S CLUB 4326 28TH ST SE, GRAND RAPIDS, MI 49512	130.41	\$ 130.41
Contribution # 2 PAC Receipt? Yes Name & Address MARY KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: HOMEMAKER Employer Name & Address: HOMEMAKER 35 BEL AIR DR NE, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☑ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description SIGN POSTS 5. Date Of Receipt: 07/05/2024 6. Vendor Name & Address: ACE HARDWARE 2333 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525		\$ 833.62
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$_ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		3
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Fund Raiser Contribution	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Memo	Itemization
<u> </u>	Page Subto	214.03	964.03

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

1,100.57

Enter this total on line 6 of Summary Page

Page 2 of 2



2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WIX		01/18/2024	47.00
VVIX	MEDILICOTING		\$ <u>17.00</u>
Address	Purpose: WEB HOSTING	Date	
500 TERRY A FRANCOIS BLVD	,		
SF, CA 94158			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name WIX		02/15/2024	47.00
V V 1/1			\$ 17.00
Address	Purpose: WEB HOSTING	Date	
500 TERRY A FRANCOIS BLVD	1 diposo.		
SF, CA 94158			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name KENT COUNTY CLERK		02/22/2024	. 100 00
			\$ <u>100.00</u>
Address	Purpose: ELECTION FILING FEE	Date	
300 MONROE AVE NW			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name HARLAND CLARKE CHECKS		02/28/2024	
		Date	\$ 51.85
Address	Purpose: CAMPAIGN ACCOUNT CHECKS	Dale	
10931 LAUREATE DR			
SAN ANTONIO, TX 78249			
,	Charle have if the account of the control of the co		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
·			
Name WIX		03/15/2024	. 00. 00
Address	Purpose: WEB HOSTING	Date	\$ <u>23.00</u>
500 TERRY A FRANCOIS BLVD	ruipuse.		
SF, CA 94158			
OI, OA 34130	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	208.85
	543.0	- 19 -	200.00
	Grand Total of all		
	(Complete on last page	e of Schedule)	

Enter this total on line 8a of Summary Page



2 Committee Name COMMITTEE TO ELECT LINDSEY THIEL

2.0	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158	Purpose: WEB HOSTING	04/15/2024 Date	\$ <u>23.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name GO DADDY Address 14455 N HAYDEN RD	Purpose: WEB PAGE RENEWAL	04/26/2024 Date	\$ <u>95.88</u>
SCOTTSDALE, AZ 85260 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name GO DADDY Address 14455 N HAYDEN RD	Purpose: WEB PAGE EMAIL	04/26/2024 Date	\$ <u>22.17</u>
SCOTTSDALE, AZ 85260 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name ROCKFORD CHAMBER OF COMMERCE Address 17 S MONROE ST NE	Purpose: PARADE ENTRY FEE	05/13/2024 Date	\$ <u>50.00</u>
ROCKFORD, MI 49341	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name WIX Address	Purpose: WEB HOSTING	05/15/2024 Date	\$ <u>23.00</u>
500 TERRY A FRANCOIS BLVD SF, CA 94158	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	214.05
	Grand Total of all \$ (Complete on last page		

Enter this total on line 8a of Summary Page



2 Committee Name COMMITTEE TO ELECT LINDSEY THIEL

£. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WIX		06/17/2024	\$ 23.00
Address	Purpose: WEB HOSTING	Date	Ψ <u>20.00</u>
Address 500 TERRY A FRANCOIS BLVD	Purpose:		
SF, CA 94158			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		00/00/0004	
Name RIGHT STRATEGIES LLC		06/23/2024	\$ 2,788.69
Address	CAMPAIGN PRINT AND POSTAGE -ALL DONE IN HOUSE Purpose:	Date	
2153 WEALTHY ST SE			
STE 166			
GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name MEDIA PLACE PARTNERS		06/25/2024	\$ 3,000.00
Address	Purpose: DIGITAL ADS	Date	+ =,000.00
408 BROADWAY AVE NW	- a.peee.		
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name TRANSAXT		06/27/2024	
		Date	\$ 223.55
Address	Purpose: TRANSACTION FEES	Date	
190 MONROE AVE NW			
STE 500			
GRAND RAPIDS, MI 49503	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name RIGHT STRATEGIES LLC		07/07/2024	
	_ CAMPAIGN PRINTING AND POSTAGE - ALL DONE IN HOUSE		\$ 2,550.18
Address 2153 WEALTHY ST SE	Purpose:	Date	
STE 166			
GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	0 E0E 40
	Subio	tai tina paye	8,585.42
	Grand Total of all 9		
	(Complete on last page	oi ochedule) [

Enter this total on line 8a of Summary Page



1. Committee I. D. Number 20200028

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

		T	• • •
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WIX		07/15/2024	\$ 23.00
	Purpose: WEB HOSTING	Date	₹ <u>23.00</u>
Address 500 TERRY A FRANCOIS BLVD	Purpose: VVLD110311110		
SF, CA 94158			
31 , CA 94130			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name RIGHT STRATEGIES LLC		07/18/2024	. 0 400 44
1113111 311111123123 223		Date	\$ <u>2,480.44</u>
Address	Purpose:	Bute	
2153 WEALTHY ST SE			
STE 166			
GRAND RAPIDS, MI 49506	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name			
Iname			\$
Address	Purpose:	Date	
7.44.555	i dipose.		
	Click H	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name			
Ivalie			¢.
Address	_	Date	\$
Address	Purpose:		
	Click I	Here for Memo	Itemization Type
			7,1-1
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
I und haisei	statement		
	Subto	otal this page	2,503.44
	Grand Total of all	Schadulas 1B	44 544 70

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



Summary Page.

Page 1 of 1

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

20200028 1. Committee I.D. Number

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) or place where the activity was he GRAND RAPIDS CHAMBER O
5/23/2024	30	EVENING RECEPTION	COMMERCE 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503 Private Residence
otal Contributions	19,625.00		
Other Receipts	0.00		
Gross Receipts (Add lines 7 a	19 625 00	 	
Total Cost of Event	886.54	 	
	ntributions and All Expenditures	Made For the Event)	
Check if event was a jo	int fund raiser and complete the	e following:	
Co-Sponsor(s)	int fund raiser and complete the Contribution S (%)	_	Expenditure Split (%)
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	
_	Contribution S	_	

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