



FILED

26 JUL 2024 PM 03:13

KENT COUNTY CLERK
GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

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

1. Committee I.D. Number

20200028

2. Committee Name

COMMITTEE TO ELECT LINDSEY THIEL

4. Candidate Last Name

THIEL

First Name

LINDSEY

M.I.

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

COUNTY COMMISSIONER, 11TH DISTRICT, KENT COUNTY

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

5. Committee's Mailing Address

**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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**JOSEPH THIEL
510 ARROWHEAD SE
GRAND RAPIDS, MI 49546**

Area Code & Phone (616) 560-3870

7. Treasurer's Business Address

**510 ARROWHEAD SE
GRAND RAPIDS, MI 49546**

Area Code and Phone (616) 560-3870

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

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

08/06/2024

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 20200028

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>42,270.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>42,270.00</u>	(18.) \$ <u>44,520.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>42,270.00</u>	(20.) \$ <u>44,520.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,100.57</u>	(21.) \$ <u>1,100.57</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11,511.76</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>11,511.76</u>	(23.) \$ <u>15,635.51</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6,252.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>42,270.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>48,522.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,511.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>37,010.95</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW SUITE 150 GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/2024</u>	
Name & Address: KATIE DEBOER 7210 RAMSDELL DR NE ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/03/2024</u>	
Name & Address: MATAIN OUR MAJORITY 220 LYON ST NW STE 510 GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: PHIL YEITER 3140 WOODSBORO DR NE GRAND RAPIDS, MI 49525		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTH CARE ADMINISTRATION</u> Employer <u>COREWELL HEALTH</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 950.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: MARY KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>35 BEL AIR DR NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: LAURA HOFFMAN 13261 TISDEL AVE NE CEDAR SPRINGS, MI 49319		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: CHRIS AFENDOULIS 240 EDGEHILL DR SE GRAND RAPIDS, MI 49546		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>KENONA INDUSTRIES LLC</u> Business Address <u>3044 WILSON AVE NW, WALKER, MI 49534</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/16/2024</u>	
Name & Address: VAS CHRISTOPOULOS 1640 FLOWERS MILL DR NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 900.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: SHANA SHROLL 7219 NANTUCKET DR SW BYRON CENTER, MI 49315		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: DAVID TURCH 517 2ND ST NE WASHINGTON, DC 20002		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TURCH AND ASSOCIATES</u> Business Address <u>517 2ND ST NE, WASHINGTON, DC 20002</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: MERIDEL TURCH 517 2ND ST NE WASHINGTON, DC 20002		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/20/2024</u>	
Name & Address: LYNN AFENDOU LIS 3333 FALCON BLUFF DR NE GRAND RAPIDS, MI 49525		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF CORPORATE COMMUNICATION</u> Employer <u>UFP INDUSTRIES</u> Business Address <u>2801 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

1,450.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/21/2024</u>	
Name & Address: RUSTY RICHTER 5665 IVANREST AVE SW WYOMING, MI 49418		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: TGIF VICTORY FUND PO BOX 223 GRANDVILLE, MI 49468		\$ <u>12,250.00</u>	\$ <u>12,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: SUSAN HASCALL 5300 MICHIGAN ST NE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5300 MICHIGAN ST NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: SCOTT GREENLEE 1634 PEPPERTREE LN LANSING, MI 48912		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GREENLEE CONSULTING</u> Business Address <u>1634 PEPPERTREE LN, LANSING, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **12,700.00**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/22/2024</u>	
Name & Address: BEN GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: VERHEULEN LEADERSHIP FUND 4167 IMPERIAL DR NW GRAND RAPIDS, MI 49534		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW SUITE 150 GRAND RAPIDS, MI 49503		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: MARY KOORNDYK 35 BEL AIR DR NE GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>35 BEL AIR DR NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 2,500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: STAN STEK 1274 WHITE PINE DR SW GRAND RAPIDS, MI 49534		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: FRIENDS OF DAVE HILDENBRAND 2700 TIMPSON AVE SE LOWELL, MI 49331		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: COMMITTEE TO KEEP MICHELLE LAJOYE-YOUNG 2999 COOKS CREEK DR NE GRAND RAPIDS TWP, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: CHRIS BECKER 5800 HIGHBURY DR SE ADA, MI 49301		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>KENT COUNTY PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 550.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: STAN PONSTEIN 3967 EDGEWOOD ST SW GRANDVILLE, MI 49418		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: SIDNEY JANSMA JR 55 CAMPAU AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF THE BOARD</u> Employer <u>WOLVERINE GAS AND OIL CORP</u> Business Address <u>55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: DONIJO DEJONGE 8863 BRAEBURN CT GEORGETOWN TWP, MI 49428		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>401 FULTON ST W, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: KEARY SAWYER 418 COLLEGE AVE NE GRAND RAPIDS, MI 49503		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SAWYER LAW OFFICES</u> Business Address <u>418 COLLEGE AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,675.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: MEGHAN MOTT 1874 LEFFINGWELL AVE NE GRAND RAPIDS, MI 49525		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS DIRECTOR</u> Employer <u>SMALL BUSINESS ASSOC OF MI FOUNDATION</u> Business Address <u>101 S WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: STEVE JENKINS 6121 STATLER DR SE CALEDONIA, MI 49316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DIVERSIFIED INSTALLATIONS</u> Business Address <u>470 MARKET AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/23/2024</u>	
Name & Address: LEESA BURRILL 2879 BARCROFT DR SW WYOMING, MI 49418		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>GRANDVILLE PUBLIC SCHOOLS</u> Business Address <u>4700 CANAL AVE SW, GRANDVILLE, MI 49418</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/24/2024</u>	
Name & Address: JAMES BROWN 338 GREENBRIER DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MIKA MEYERS</u> Business Address <u>900 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,925.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2024</u> Name & Address: CTE PETE MACGREGOR 8209 VISTA ROYALE LN NE ROCKFORD, MI 49341		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/30/2024</u> Name & Address: JC HUIZENGA 3755 36TH ST SE STE 100 GRAND RAPIDS, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>NATIONAL HERITAGE ACADEMIES</u> Business Address <u>3755 36TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/02/2024</u> Name & Address: JEAN KOORNDYK 3604 FULTON ST E APT 148 GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>AUTOCAM MEDICAL</u> Business Address <u>3607 BROADMOOR AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,600.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: NANCY KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LITERACY ADVOCATE</u> Employer <u>AUTOCAM</u> Business Address <u>3607 BROADMOOR AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/2024</u> Name & Address: ROGER MORGAN 10585 TEFFT AVE NE ROCKFORD, MI 49341		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: RICHARD DEVOS JR 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: BETSY DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WINDQUEST GROUP</u> Business Address <u>200 MONROE AVE NW, #500, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,075.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: HAROLD KOORNDYK 3604 FULTON ST E APT 148 GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: PAMELLA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>PAMELLA ROLAND DESIGNS</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: DOUG DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/06/2024</u>	
Name & Address: DANIEL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DP FOX VENTURES</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 3,775.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: SUZANNE CHERYL DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: EMILY BRIEVE 7438 MISSOULA DR SE CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/2024</u> Name & Address: MARIA DEVOS 200 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>RDV CORPORATION</u> Business Address <u>200 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/2024</u> Name & Address: ALEXANDER PERIC 7424 OLD LANTERN DR SE CALEDONIA, MI 49316		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>GERALD R FORD INTERNATIONAL AIRPORT</u> Business Address <u>5500 44TH ST SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **3,050.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: MARK BISSELL 2345 WALKER AVE NW GRAND RAPIDS, MI 49544		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>BISSELL</u> Business Address <u>2345 WALKER AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/11/2024</u>	
Name & Address: JAMES WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN OF THE BOARD</u> Employer <u>WILLIAMS DISTRIBUTING</u> Business Address <u>658 RICHMOND ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/12/2024</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: MICHAEL JANDERNOA 171 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER AND CHAIRMAN</u> Employer <u>42 NORTH PARTNERS</u> Business Address <u>171 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,175.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: WALTER BUJAK 6639 THORNAPPLE RIVER DR SE ALTO, MI 49302		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/26/2024</u>	
Name & Address: REALTORS PAC OF MICHIGAN I 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/27/2024</u>	
Name & Address: KIMBERLY SMALL 2955 ISLE WATER DR PLAINFIELD TWP, MI 49306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/01/2024</u>	
Name & Address: MARY KRUEGER 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>HOMEMAKER</u> Business Address <u>1595 LARAWAY LAKE DR SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,925.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20200028
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? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/2024</u>	
Name & Address: MIKE ROCHELEAU 6254 RAPIDFALL DR NE PLAINFIELD TWP, MI 49306		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

20.00

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

42,270.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 20200028

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DRINKS FOR FUNDRAISER</u> 5. Date Of Receipt: <u>05/22/2024</u> 6. Vendor Name & Address: COSTCO 5100 28TH ST SE, GRAND RAPIDS, MI 49512	\$ 123.23	\$ 1,123.23
Contribution # 2 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DRINKS FOR FUNDRAISER</u> 5. Date Of Receipt: <u>05/22/2024</u> 6. Vendor Name & Address: TOTAL WINE & MORE 2601 28TH ST SE, GRAND RAPIDS, MI 49512	\$ 46.62	\$ 1,169.85
Contribution #3 PAC Receipt? <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUNDRAISER</u> 5. Date Of Receipt: <u>05/23/2024</u> 6. Vendor Name & Address: KITCHEN 67 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525	\$ 716.69	\$ 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



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 20200028

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT LINDSEY THIEL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- 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? <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> 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	\$ 83.62	\$ 833.62
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

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



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **20200028**
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 Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2024 Date	\$ 17.00
Expenditure #2 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/15/2024 Date	\$ 17.00
Expenditure #3 Name KENT COUNTY CLERK Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: ELECTION FILING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2024 Date	\$ 100.00
Expenditure #4 Name HARLAND CLARKE CHECKS Address 10931 LAUREATE DR SAN ANTONIO, TX 78249 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN ACCOUNT CHECKS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2024 Date	\$ 51.85
Expenditure #5 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/15/2024 Date	\$ 23.00

Subtotal this page

208.85

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **20200028**
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 Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2024 Date	\$ 23.00
Expenditure #2 Name GO DADDY Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: WEB PAGE RENEWAL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/26/2024 Date	\$ 95.88
Expenditure #3 Name GO DADDY Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: WEB PAGE EMAIL <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/26/2024 Date	\$ 22.17
Expenditure #4 Name ROCKFORD CHAMBER OF COMMERCE Address 17 S MONROE ST NE ROCKFORD, MI 49341 <input type="checkbox"/> Fund Raiser	Purpose: PARADE ENTRY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/13/2024 Date	\$ 50.00
Expenditure #5 Name WIX Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2024 Date	\$ 23.00

Subtotal this page

214.05

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

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **20200028**
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 Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 23.00
Expenditure #2 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE STE 166 GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <small>CAMPAIGN PRINT AND POSTAGE -ALL DONE IN HOUSE</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/23/2024 Date	\$ 2,788.69
Expenditure #3 Name MEDIA PLACE PARTNERS Address 408 BROADWAY AVE NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 3,000.00
Expenditure #4 Name TRANSAXT Address 190 MONROE AVE NW STE 500 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: TRANSACTION FEES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 223.55
Expenditure #5 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE STE 166 GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <small>CAMPAIGN PRINTING AND POSTAGE - ALL DONE IN HOUSE</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2024 Date	\$ 2,550.18

Subtotal this page **8,585.42**

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

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **20200028**
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 Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 23.00
Expenditure #2 Name RIGHT STRATEGIES LLC Address 2153 WEALTHY ST SE STE 166 GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <small>CAMPAIGN PRINTING AND POSTAGE - ALL DONE IN HOUSE</small> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2024 Date	\$ 2,480.44
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	2,503.44
Grand Total of all Schedules 1B (Complete on last page of Schedule)	11,511.76

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **20200028**
2. Committee Name **COMMITTEE TO ELECT LINDSEY THIEL**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/23/2024	4. Number of Individuals Attending or Participating (whichever is greater) 30	5. Type of Fund Raising Activity EVENING RECEPTION	6. Address and Name (If any) of the place where the activity was held. GRAND RAPIDS CHAMBER OF COMMERCE 250 MONROE AVE NW STE 150 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions **19,625.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **19,625.00**
10. Total Cost of Event **886.54**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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