



FILED

26 JUL 2024 AM 09:51

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

2022015

4. Candidate Last Name First Name M.I.

BAKER TONY D

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

COUNTY COMMISSIONER, 17TH DISTRICT, KENT COUNTY

2. Committee Name

COMMITTEE TO ELECT TONY BAKER

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

5. Committee's Mailing Address

**455 MADISON AVE SE
GRAND RAPIDS, MI 49503**

6. Treasurer's Name & Residential Address

**STACIE BEHLER
455 MADISON AVE SE
GRAND RAPIDS, MI 49503**

Area Code and Phone (616) 340-1939
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.

Area Code & Phone (616) 443-8944

7. Treasurer's Business Address

**455 MADISON AVE SE
GRAND RAPIDS, MI 49503**

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

Area Code and Phone (616) 443-8944

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 2022015

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT TONY BAKER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,770.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,770.00</u>	(18.) \$ <u>10,270.00</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>9,770.00</u>	(20.) \$ <u>10,270.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>500.00</u>	(21.) \$ <u>500.00</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>9,070.09</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>9,070.09</u>	(23.) \$ <u>9,070.09</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>4,200.00</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>536.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,770.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,306.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,070.09</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,236.79</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>03/14/2024</u>	
Name & Address: TONY D BAKER 455 MADISON AVE. SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR OF SOCIOLOGY</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>IRC 131, BIG RAPIDS, MI 49307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>03/18/2024</u>	
Name & Address: GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>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 type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/22/2024</u>	
Name & Address: STACIE R BEHLER 455 MADISON AVE. SE GRAND RAPIDS, MI 49503		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>CALDER DR, ALLENDALE TWP, MI 49401</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>04/22/2024</u>	
Name & Address: TONY D BAKER 455 MADISON AVENUE SOUTHEAST GRAND RAPIDS, MI 49503		\$ <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 type="checkbox"/> Fund Raiser			

Page Subtotal **385.00**

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>04/29/2024</u>	
Name & Address: RICHARD WILLIAMSON 752 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY FINANCE DIRECTOR</u> Employer <u>MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE</u> Business Address <u>606 TOWNSEND ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/09/2024</u>	
Name & Address: TONY D BAKER 455 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>820 CAMPUS DR, BIG RAPIDS, MI 49307</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>05/10/2024</u>	
Name & Address: DANIELLE DEWITT 6500 BALSAM DR JENISON, MI 49428		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE PHILANTHROPY/DONOR STEWARDSHIP</u> Employer <u>COREWELL HEALTH</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/24/2024</u>	
Name & Address: KRISTOPHER PACHLA 3012 HALL ST SE EAST GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE TWP, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>05/24/2024</u>	
Name & Address: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/28/2024</u>	
Name & Address: MARTHA APPLETON 2511 ABBINGTON DR SE GRAND RAPIDS, MI 49506		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> 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>05/30/2024</u>	
Name & Address: JAMES HAVEMAN 2656 NORWAY MAPLE CT KENTWOOD, MI 49512		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>HAVEMAN GROUP</u> Business Address <u>4665 CASCADE RD 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/31/2024</u>	
Name & Address: EDWARD POSTMA 2020 N CROSS CREEK DR SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>EXALTA HEALTH</u> Business Address <u>2060 DIVISION AVE S, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 630.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
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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>05/31/2024</u>	
Name & Address: SCOTT BRESLIN 120 N WASHINGTON SQUARE LANSING, MI 48933		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT/PARTNER</u> Employer <u>PUBLIC AFFAIRS ASSOCIATES</u> Business Address <u>120 N WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/31/2024</u>	
Name & Address: REBECCA BELCHER 4175 STILLBROOK LN DEWITT, MI 48820		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOBBYIST</u> Employer <u>PUBLIC AFFAIRS ASSOCIATES</u> Business Address <u>120 N WASHINGTON SQUARE, LANSING, MI 48933</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: STEVE FABER 1845 MEADOWFIELD DR NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>KENT COUNTY</u> Business Address <u>99 MONROE NW, SU. 200, 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>06/03/2024</u>	
Name & Address: ALISHA CIESLAK 27 LIBRARY ST NE 405 GRAND RAPIDS, MI 49503		\$ <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 type="checkbox"/> Fund Raiser			

Page Subtotal **650.00**

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/03/2024</u> Name & Address: SARAH ABEL 1923 PEACE VALLEY CT NE GRAND RAPIDS, MI 49505		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: MCALVEY MERCHANT PAC 120 W OTTAWA ST LANSING, MI 48933		\$ <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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/2024</u> Name & Address: KATHY CROSBY 2756 BIG ANTLER RD LEWISTON, MI 49756		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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>06/07/2024</u> Name & Address: TIMOTHY WILLIAMS 400 PRESERVATION DR NE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MEIJER, INC</u> Business Address <u>400 PRESERVATION DR NE, ADA, MI 49301</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,125.00**

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/07/2024</u>	
Name & Address: RICHARD MACKEIGAN 7298 MISTY MORNING DR SE CALEDONIA, MI 49316		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: PAUL BOYER 7147 DRIFTWOOD DR SE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/10/2024</u>	
Name & Address: WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES, UNION #174 1008 O'MALLEY DR COOPERSVILLE, MI 49404		\$ <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>06/11/2024</u>	
Name & Address: LISA OLIVER-KING 2024 ONTONAGON AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>OUR KITCHEN TABLE</u> Business Address <u>334 BURTON ST SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,150.00**

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/12/2024</u>	
Name & Address: JUDY FREEMAN 425 CAMBRIDGE BLVD SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>EDUCATION CONSULTING PRACTICE</u> Business Address <u>425 CAMBRIDGE BLVD SE, GRAND RAPIDS, MI 49506</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>06/12/2024</u>	
Name & Address: MICHELLE/CHRIS RABIDEAU 2958 HALL ST SE EAST GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>MERCY HEALTH SAINT MARY'S</u> Business Address <u>200 JEFFERSON AVE SE, 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>06/12/2024</u>	
Name & Address: KLAAS KWANT 143 BOSTWICK AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTIONAL TECHNOLOGIST</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, 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>06/12/2024</u>	
Name & Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PARTNER</u> Employer <u>WINMATT</u> Business Address <u>101 N WASHINGTON SQUARE, 1400, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 700.00

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/12/2024</u>	
Name & Address: CHRIS/ROBERT ARNOLD 4967 CHABLEAU DR SW WYOMING, MI 49519		\$ <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>06/12/2024</u>	
Name & Address: CARLOS SANCHEZ 1730 RIDGEMOOR DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>DAVENPORT UNIVERSITY</u> Business Address <u>6191 KRAFT AVE SE, GRAND RAPIDS, MI 49512</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>06/13/2024</u>	
Name & Address: MARY WILLIAMS 1919 BOSTON ST SE B103 GRAND RAPIDS, MI 49506		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: EDWARD PERDUE 447 MADISON AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PERDUE LAW GROUP</u> Business Address <u>P.O. BOX 2390, GRAND,</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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: JEFFREY CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA RELATIONS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</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>06/13/2024</u>	
Name & Address: JOHN HELMHOLDT 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>SEYFERTH PR</u> Business Address <u>40 MONROE CENTER ST 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>06/13/2024</u>	
Name & Address: AMY KNAPE 2530 MAPLEWOOD DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNDRAISER</u> Employer <u>AMPLIFY GR</u> Business Address <u>1480 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</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>06/13/2024</u>	
Name & Address: CHARISSA HUANG 1317 NORTHFIELD AVE NE GRAND RAPIDS, MI 49505		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SMITH HAUGHEY AND RICE</u> Business Address <u>100 MONROE CENTER ST 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 450.00

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
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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: MIKE WOLFE 3759 JASON RIDGE LN SW WALKER, MI 49534		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: LINSEY GLEASON 1661 WEALTHY ST SE EAST GRAND RAPIDS, MI 49506		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>VARNUM LLP</u> Business Address <u>333 BRIDGE 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 type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: ALEXANDER THIBODEAU 636 PARIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF APPOINTMENTS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>OFFICE OF THE GOVERNOR, LANSING, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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: JEFF HILL 430 UNION AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>NORTHSTAR COMMERCIAL</u> Business Address <u>660 CASCADE W PKWY 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: JANET WYLIE 1320 OAKLAWN ST NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR PROGRAM MANAGER</u> Employer <u>SPARTAN INNOVATIONS</u> Business Address <u>109 MICHIGAN ST 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>06/13/2024</u>	
Name & Address: AMAAD HARDY 6052 CAMPUS PARK DR SE GRAND RAPIDS, MI 49508		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: ERIC WARNER 736 DIAMOND AVE NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>3080 ASC, BIG, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **350.00**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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: NOREEN MYERS 1050 MONTEREY DR SE EAST GRAND RAPIDS, MI 49506		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>NOREEN K MYERS PLC</u> Business Address <u>307 E MAIN ST, LOWELL, MI 49331</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: KENT COUNTY DEMOCRATIC PARTY 301 FULLER AVE NE 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 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>06/13/2024</u>	
Name & Address: JACK HOFFMAN 247 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KUIPER KRAEMER</u> Business Address <u>180 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/2024</u>	
Name & Address: STEVE PESTKA 2517 ASHWOOD CT SE ADA, MI 49301		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>H&M MANAGEMENT</u> Business Address <u>2920 FULLER AVE NE, GRAND RAPIDS, MI 49505</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,000.00**

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 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/15/2024</u>	
Name & Address: CLAUDIA BAJEMA 940 SHAWMUT CT NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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>06/15/2024</u>	
Name & Address: KATHY SEITZ 14928 LOYOLA DR STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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>06/16/2024</u>	
Name & Address: JOEL VANKUIKEN 618 WINDSOR TERRACE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>THE DELTA PROJECT</u> Business Address <u>618 WINDSOR TERRACE SE, 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>06/17/2024</u>	
Name & Address: STEPHEN WOODEN 865 ABERDEEN ST NE GRAND RAPIDS, MI 49505		\$ <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 type="checkbox"/> Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>06/19/2024</u>	
Name & Address: LUCERO FLORES 311 MORRISON AVE BIG RAPIDS, MI 49307		\$ <u>30.00</u>	\$ <u>30.00</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>06/24/2024</u>	
Name & Address: MICHELLE HOEXUM 440 MORRIS AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPLOYED</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>06/28/2024</u>	
Name & Address: KEVIN POLSTON 512 BUTLER ST GRAND HAVEN, MI 49417		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/29/2024</u>	
Name & Address: KIMN CARLTON-SMITH 2211 UNION AVE SE GRAND RAPIDS, MI 49507		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 255.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>07/03/2024</u>	
Name & Address: JAMIE SCRIPPS PO BOX 474 NORTHPORT, MI		\$ <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 type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: TONY D BAKER 455 MADISON AVE. SE GRAND RAPIDS, MI 49503		\$ <u>700.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR OF SOCIOLOGY</u> Employer <u>FERRIS STATE UNIVERSITY</u> Business Address <u>820 CAMPUS DRIVE, BIG RAPIDS, MI 49307</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>07/21/2024</u>	
Name & Address: DALE ROBERTSON 3370 BROOKPOINT DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>GRAND RAPIDS PUBLIC MUSEUM</u> Business Address <u>272 PEARL 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: JESSE BERNAL 960 OAKLEIGH AVE NW GRAND RAPIDS, MI 49504		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>GRAND VALLEY STATE UNIVERSITY</u> Business Address <u>1 CAMPUS DR, ALLENDALE TWP, MI 49401</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,075.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

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>07/21/2024</u>	
Name & Address: JEFFREY CRANSON 2618 COLLEGE AVE NE GRAND RAPIDS, MI 49505		\$ 50.00	\$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDIA RELATIONS</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>425 W OTTAWA ST, LANSING, MI 48933</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 _____	
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

50.00

Grand Total of All Schedules 1A
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9,770.00

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2022015

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT TONY BAKER

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: KATE SKAGGS 2615 HALL ST SE GRAND RAPIDS, MI 49506 If over \$100.00 cumulative, please provide: Occupation: PARTNER - COMMUNICATIONS Employer Name & Business Address: WINMATT GROUP 101 N WASHINGTON SQUARE, LANSING, MI 48933 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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>MAILER DESIGN FOR 3 MAILERS</u> 5. Date Of Receipt: <u>07/19/2024</u> 6. Vendor Name & Address:	\$ 500.00	\$ 500.00
Contribution # 2 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:	\$ _____	\$ _____
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](#)

[Click Here for Memo Itemization](#)

Page Subtotal

500.00

500.00

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

500.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KENT COUNTY CLERK Address 300 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: FILING FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/14/2024 Date	\$ 100.00
Expenditure #2 Name BLUEHOST.COM Address 5335 GATE PKWY JACKSONVILLE, FL 32256 <input type="checkbox"/> Fund Raiser	Purpose: WEB DOMAIN HOSTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2024 Date	\$ 95.64
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB SITE DOMAIN - YEARLY PLAN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/08/2024 Date	\$ 174.00
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 <input type="checkbox"/> Fund Raiser	Purpose: PRINT AND DESIGN 6X9 POSTCARDS - WALKING LIT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2024 Date	\$ 665.00
Expenditure #5 Name FIFTH THIRD BANK Address 111 LYON ST NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN CHECK BOOK <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2024 Date	\$ 28.99

Subtotal this page **1,063.63**

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 **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2024 Date	\$ 17.00
Expenditure #2 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: BUSINESS CARDS FOR CAMPAIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2024 Date	\$ 74.44
Expenditure #3 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB EMAIL MONTHLY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2024 Date	\$ 14.40
Expenditure #4 Name QR.IO Address 9450 SW GEMINI DR BEAVERTON, OR 97008 <input type="checkbox"/> Fund Raiser	Purpose: QR CODE GENERATOR MONTHLY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2024 Date	\$ 35.00
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/10/2024 Date	\$ 31.00

Subtotal this page

171.84

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 **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: 20 YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 636.00
Expenditure #2 Name BRYAN HEYSTEK Address 621 COLLEGE AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CANVASSING SUPPORT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2024 Date	\$ 60.00
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2024 Date	\$ 50.00
Expenditure #4 Name COSTCO Address 5100 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: COSTCO - FOOD FOR A MEET AND GREET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2024 Date	\$ 260.00
Expenditure #5 Name QR.IO Address 9450 SW GEMINI DR BEAVERTON, OR 97008 <input type="checkbox"/> Fund Raiser	Purpose: QR GENERATOR MONTHLY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2024 Date	\$ 35.00

Subtotal this page

1,041.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name RILEY WILSON Address 1233 DUNHAM ST SE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: CANVASSING SUPPORT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2024 Date	\$ 105.00
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2024 Date	\$ 75.00
Expenditure #3 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: PRINTING 6X11 MAILING POST CARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/18/2024 Date	\$ 1,471.83
Expenditure #4 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE AND MAILING EXPENSES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2024 Date	\$ 1,121.05
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2024 Date	\$ 75.00

Subtotal this page **2,847.88**

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

Enter this total
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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: 10 YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 212.35
Expenditure #2 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: EXPEDITED FEE - YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 72.35
Expenditure #3 Name CANVA US INC Address 321 E CESAR CHAVEZ ST AUSTIN, TX 78701 <input type="checkbox"/> Fund Raiser	Purpose: CANVA DESIGN SOFTWARE SUBSCRIPTION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 15.00
Expenditure #4 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 125.00
Expenditure #5 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/2024 Date	\$ 43.55

Subtotal this page

468.25

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 **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM Address 500 TERRY A FRANCOIS BLVD SF, CA 94158 <input type="checkbox"/> Fund Raiser	Purpose: WEB MAILBOX MONTHLY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 14.40
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2024 Date	\$ 175.00
Expenditure #3 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: 10 YARD SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2024 Date	\$ 212.00
Expenditure #4 Name QR.IO Address 9450 SW GEMINI DR BEAVERTON, OR 97008 <input type="checkbox"/> Fund Raiser	Purpose: QR GENERATOR MONTHLY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2024 Date	\$ 35.00
Expenditure #5 Name UNITED STATES POSTAL SERVICE Address USPS.COM <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2024 Date	\$ 70.35

Subtotal this page **506.75**

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 **2022015**
2. Committee Name **COMMITTEE TO ELECT TONY BAKER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BRYAN HEYSTEK Address 621 COLLEGE AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: CANVASSING SUPPORT <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 100.00
Expenditure #2 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: 6X11 POSTCARDS FOR CANVASSING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 341.32
Expenditure #3 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: POSTCARDS PRINTING FOR MAILING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2024 Date	\$ 1,393.69
Expenditure #4 Name SWIFT PRINTING Address 303 BRIDGE ST NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE AND MAILING EXPENSES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2024 Date	\$ 1,135.73
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 **2,970.74**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **9,070.09**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 2022015
2. Committee Name COMMITTEE TO ELECT TONY BAKER

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: TONY BAKER 455 MADISON AVE. SE GRAND RAPIDS, MI 49503	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/17/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>4,200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>4,200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

4,200.00

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

4,200.00

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

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