

CANDIDATE COMMITTEE COVER PAGE

FILED 26 JUL 2024 PM 02:30

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

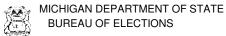
3. This Statement covers From: 01/31/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 07/21/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. **DEAN** F PACIFIC 2024003 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name CITY COMMISSIONER, WARD 1, GRAND RAPIDS DEAN PACIFIC FOR CITY COMMISSION 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address 2528 WESTWINDE NW DEAN F PACIFIC GRAND RAPIDS, MI 49504 2528 WESTWINDE NW GRAND RAPIDS, MI 49504 Area Code and Phone (616) 822-2133
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 822-2133 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 2528 WESTWINDE NW GRAND RAPIDS, MI 49504 Area Code and Phone (616) 822-2133 Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. X Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: by the committee to the candidate or his or her spouse is here Pre-Election or Post-Election Statement relates to: by discharged and forgiven, and no longer collectible from July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement (Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete. Submitted electronically. Current Treasurer or signature on file 07/26/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 07/26/2024 signature on file Candidate Date Signature Type or Print Name

1. Committee I.D. Number 2024003

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	00 000 00	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 63,809.20	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 63,809.20	(18.) \$ 63,809.20
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 63,809.20	(20.) \$ 63,809.20
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 400.00	(21.) \$ 400.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 28,979.62	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 28,979.62	(23.) \$ 28,979.62
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS		
(Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 63,809.20	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>63,809.20</u>	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 28,979.62	
(Subtract line 16 from line 15)	(17.) \$ 34,829.58	

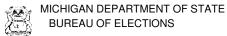


1. Committee I.D. Number __2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/12/2024 Name & Address: TAYLOR GREENE 1935 4 MILE RD NE GRAND RAPIDS, MI 49525 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/14/2024 Name & Address TREVOR LOWING 5647 RAVENEL LN SPRINGFIELD, VA 22151	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address: JOHN HELMHOLDT 743 COLLINDALE AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	\$ 100.00	_{\$} 100.00
Occupation Employer		
Business Address MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address SCOTT CARVO 5764 SUGARBERRY DR SE KENTWOOD, MI 49512	_{\$} 103.48	_{\$} 103.48
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) 1 of 27	Enter this total on line 3a of Summary	

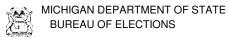


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

2024003 1. Committee I.D. Number

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address: BALLARD YELTON		
3358 TROON CT	_{\$} 51.99	_{\$} 51.99
PORTAGE, MI 49024	<u>\$ 0 1.00</u>	\$ 01100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address		
MADELAINE LANE		
2444 LAKE DR SE	_{\$} 257.94	_s 257.94
GRAND RAPIDS, MI 49506		
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS+ JUDD		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/16/2024		
Name & Address: SUSAN MEYERS		
405 DOGWOOD AVE NE	_{\$} 100.00	_{\$} 100.00
ADA, MI 49301	Ψ	<u>\$ 100100</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCORSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/16/2024		
Name & Address ALLYSON TERPSMA		
27 LIBRARY ST NE	_{\$} 103.48	° 103.48
GRAND RAPIDS, MI 49503	§ 103.40	\$ 103. 4 6
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	513.41	
Grand Total of All Schedules 1A	010.41	-
(Complete on last page of Schedule)	Enter this total on	J
Page 2 of 27	line 3a of Summary Page.	



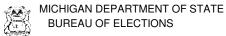
1. Committee I.D. Number _

2024003

CANDIDATE COMMITTEE 2. Com

2. Committee Name

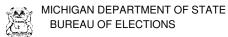
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address: DAVID SKIDMORE 350 GRAHAM RD NW GRAND RAPIDS, MI 49504	_{\$} 257.94	_{\$} 257.94
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/16/2024 Name & Address CARL DUFENDACH 3730 HONEY CREEK ADA, MI 49301 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer Business Address MI Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/17/2024 Name & Address: ROBERT KELLER 6164 RYAN VALLEY DR BELMONT, MI 49306	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address MI Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/17/2024 Name & Address BRUCE YOUNG PO BOX 1985 GRAND RAPIDS, MI 49501	_{\$} 103.48	_{\$_} 103.48
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
	561.42	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	J



1. Committee I.D. Number __2024003

CANDIDATE COMMITTEE 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/19/2024 Name & Address: MARK WASSINK 62 LAKESIDE DR SE GRAND RAPIDS, MI 49506	_{\$} 103.48	_{\$} 103.48
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address MARY DIETRICH 4270 DOWNING ST SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/20/2024 Name & Address: CORINNE SPRAGUE 2706 ELMWOOD DR SE EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	_{\$} 250.00	_{\$} 250.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address JANET PACIFIC 233 BONA VISTA DR NW GRAND RAPIDS, MI 49504	_{\$} 1,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution:		
Page Subtotal	1,403.48	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 27	Enter this total on line 3a of Summary Page.	



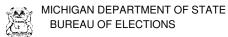
1. Committee I.D. Number ___

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ne, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/21/2024 Name & Address: FREDERICK PACIFIC 233 BONA VISTA DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	\$\frac{1,000.00}{}	_{\$} 1,000.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/24/2024 Name & Address CASEY DAUGHERTY 7064 REFLECTION COMSTOCK PARK, MI 49321 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution #3 Name & Address: CHRISTIAN MEYER 350 MANHATTAN RD EAST GRAND RAPIDS, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 02/26/2024 Name & Address MARY BOURDO 8134 TEAKWOOD DR GEORGETOWN TWP, MI 49428	_{\$} 103.48	_{\$_} 103.48
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address	_	
Page Su	2,378.48	
Grand Total of All Schedule (Complete on last page of Sche		
Page 5 of 27	Page.	



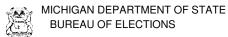
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number

2024003

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: ROBERT PORTER 3220 32ND AVE HUDSONVILLE, MI 49426 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 60.00	_{\$} 60.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address RALPH CARLE 4300 48TH AVE HUDSONVILLE, MI 49426	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: SENEZ RODRIGUEZ 1515 LANCASHIRE SE GRAND RAPIDS, MI 49508	§99.00	_{\$} 99.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address GARY BALCOM 2220 ELMRIDGE DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	234.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 6 of 27	Enter this total on line 3a of Summary Page.	



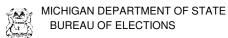
1. Committee I.D. Number ____

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: TODD STUART 2740 HARBOR DR SE UNIT 202 GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer STUART LAW PLC Business Address 540 CHERRY ST SE, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser	_{\$} 250.00	_{\$} 250.00
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address DARIUS ACUNA 645 CHARLOTTE AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: MARY RITSEMA 1064 WALKER AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	§ 50.00	_{\$} 50.00
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address JULIE YONKERS 3100 RIDGES BND APT 201 GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer		
Business Address MI Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 7 of 27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

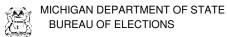
2. Committee Name

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: JENNIFER MAKSIMOWSKI 1207 CLOVER CREST NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 25.00	_{\$} 25.00
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address DAVID LOWING 1500 WHITING AVE SW WYOMING, MI 49509	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: DEBRA MARTINEZ 1517 BRYANWOOD DR NW WALKER, MI 49544	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address GRAND RAPIDS POLICE OFFICERS ASSOCIATION PAC 2300 BYRON SHORES DR SW BYRON CENTER, MI 49315	_{\$} 12,250.00	_{\$} 12,250.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	12,350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page O of Z/

Page.



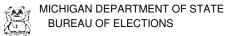
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: GERI KELLEY 1543 TAMARACK AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 200.00	_{\$} 200.00
Occupation Senior Communications and Marketing OFFICER Employer MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICIN Employer MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICIN Employer MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICIN Business Address 15 MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICIN Employer EMP		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address DAVID LAGRAND 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address MI Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: MICHELE HEIBEL 2509 WESTWINDE DR NW GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$} 100.00
If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address SHAUNA MORADI 2532 WESTWINDE DR NW GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Page Subtotal	500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 0 of 27	Enter this total on line 3a of Summary Page.	



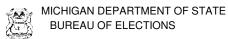
1. Committee I.D. Number _

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: KENNETH NYSSON 1510 KENAN AVE NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 60.00	_{\$} 60.00
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address JENNIFER VANSTRIEN 2522 WESTWINDE DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide:	_{\$} 40.00	_{\$_} 40.00
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: ANTHONY BEARINGER 51 OSWEGO ST NW GRAND RAPIDS, MI 49504	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address SARAH HOWARD 939 FRANKLIN AVE GRAND HAVEN, MI 49417	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 10 of 27	Enter this total on line 3a of Summary Page.	



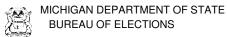
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address: JOHN KRAJEWSKI 2204 DELANGE DR SE GRAND RAPIDS, MI 49506	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/27/2024 Name & Address		
DAN SPETOSKEY	100.00	100.00
2630 WESTBROOK DR NW GRAND RAPIDS, MI 49504	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/28/2024 DAVID APPEL 39 MARION AVE NW GRAND RAPIDS, MI 49504	\$40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Rusiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/01/2024 Name & Address RICHELLE KRUEGER		
2319 WESTWINDE DR NW GRAND RAPIDS, MI 49504	_{\$} 1,225.00	_s 1,225.00
5. If over \$100.00 cumulative, please provide:		Ψ
Occupation HOMEMAKER Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,390.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	,	
Page 11 of 27	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number _

2024003

CANDIDATE COMMITTEE

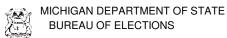
2. Committee Name

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/01/2024 Name & Address: THOMAS KRUEGER 2319 WESTWINDE DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation MICROBIOLOGIST Employer SUMMIT LABORATORY, LLC	_{\$} 1,225.00	_{\$} 1,225.00
Business Address Type of Contribution: Occupation Fund Raiser Proceedings Procedure Proced		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/01/2024 Name & Address MATTHEW NELSON 5427 FOREST BEND DR SE ADA, MI 49301	\$ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/01/2024 Name & Address: PAUL BOEHMS 3668 ACORN CT TROY, MI 48083	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/02/2024 Name & Address ILENE SKINNER 1178 KENSINGTON ST NW GRAND RAPIDS, MI 49534	_{\$} 40.00	_{\$} 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,815.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	J

Page IZ of Z/

Page.



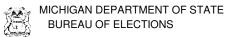
1. Committee I.D. Number _

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/03/2024 Name & Address: MARIANNE PHILLIPS 231 BONA VISTA DR NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer	_{\$} 25.00	_{\$} 25.00
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/08/2024 Name & Address CATHLEEN DUBAULT 1523 FOREST PARK RD NORTON SHORES, MI 49441 5. If over \$100.00 cumulative, please provide:	_{\$} 257.94	_{\$} 257.94
Occupation RETIRED Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/09/2024 Name & Address: BRUCE COURTADE 5220 MICHIGAN ST NE ADA, MI 49301	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/09/2024 Name & Address LISA RUSSELL 3675 TETON DR HUDSONVILLE, MI 49426	_{\$} 51.99	_{\$} 51.99
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	434.93	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 27	Enter this total on line 3a of Summary Page.	



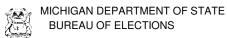
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/13/2024 Name & Address: TIMOTHY SCHOWALTER 220 TAOS AVE NE ADA, MI 49301	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:	Ψ	<u>*</u>
Occupation PRESIDENT PIONEER CONSTRUCTION		
Business Address 550 KIRTLAND ST SW, GRAND RAPIDS, MI 49507		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/13/2024		
Name & Address SIDNEY JANSMA		
55 CAMPAU AVE NW	. 1.225.00	_{\$} 1,225.00
GRAND RAPIDS, MI 49503	\$	\$ 1, 220.00
5. If over \$100.00 cumulative, please provide:		
Occupation CHAIRMAN Employer WOLVERINE GAS AND OIL CORPORATION		
Business Address 55 CAMPAU AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/13/2024		
Name & Address:		
JOAN SECCHIA 2833 BONNELL AVE SE	_{\$} 1,225.00	_s 1,225.00
EAST GRAND RAPIDS, MI 49506	Ψ	<u>\$ 1,220.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/15/2024 Name & Address		
MARK MURRAY		
1940 TALAMORE CT SE	_s 1,225.00	1,225.00
GRAND RAPIDS, MI 49546	\$ 1,2200	\$_1,220.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4,900.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_1
Page 14 of 27	line 3a of Summary Page.	

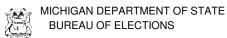


2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/16/2024 Name & Address: TRACEY SPENCLEY 7122 OSPREY SW BYRON CENTER, MI 49315	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation CONTROLLER Employer BAMF HEALTH MANAGEMENT LLC		
Business Address 109 MICHIGAN NW, SUITE 700, GRAND RAPIDS, MI 4950 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/21/2024 Name & Address HAL OSTROW 144 BAYNTON AVE NE GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/23/2024 Name & Address: BRIAN BERNT 2168 VALLEY FORGE ST NW GRAND RAPIDS, MI 49504	\$ 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/27/2024 Name & Address MIKE VANGESSEL 7740 CARY ST NE ROCKFORD, MI 49341	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer ROCKFORD CONSTRUCTION		
Business Address 601 FIRST ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,675.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) 15 27	Enter this total on line 3a of Summary	
Page 15 of 27	Page.	



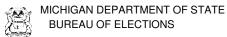
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? VES 4. Date of Receipt 03/28/2024 Name & Address: GRAND RAPIDS FIREFIGHTERS UNION PAC 1930 FULLER AVE NE GRAND RAPIDS, MI 49505 5. If over \$100.00 cumulative, please provide:	_{\$} 2,500.00	_{\$} 2,500.00
Occupation Employer Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address KEVIN POLAKOVICH 2510 WHIPPERWILL CT SE GRAND RAPIDS, MI 49546 5. If over \$100.00 cumulative, please provide:	_{\$} 1,225.00	_{\$} 1,225.00
Occupation LOAN OFFICER Employer TREADSTONE MORTGAGE Business Address 210 FULTON ST E, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/04/2024 Name & Address: KRISTIN POLAKOVICH 2510 WHIPPERWILL DR SE GRAND RAPIDS, MI 49546	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/09/2024 Name & Address JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	I	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

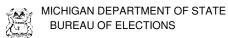
2. Committee Name

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/09/2024 Name & Address: DANIEL MEYERING 4823 SPG RDG DR NE ADA, MI 49301 5. If over \$100.00 cumulative, please provide:	_{\$} 1,225.00	_{\$} 1,225.00
Occupation CEO Employer TRILLIUM INVESTMENTS		
Business Address 55 COMMERCE AVE SW, GRAND RAPIDS, MI 49503 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/10/2024		
DOUGLAS DOZEMAN 1313 TRILLIUM TRAIL NE GRAND RAPIDS, MI 49525	\$ 500.00	§ 500.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/10/2024 Name & Address: RUTH POSTHMUS 26 CAMPAU CIR NW GRAND RAPIDS, MI 49503	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/11/2024 Name & Address MADOLYN BRYANT 39 CAMPAU CIR NW GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$_} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	0.000.00	1
Page Subtotal	3,200.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule) 17 27	Enter this total on line 3a of Summary	J

Page 1/ of 2/

Page.



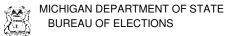
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? Name & Address: MARLIN FEYEN 26 CAMPAU CIR NW	YES 4. Date of Rec	04/11/2024	250.00	250.00
GRAND RAPIDS, MI 49503			_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please prov				
Occupation RETIRED	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?	YES 4. Date of Rec	ceipt 04/12/2024		
Name & Address KAREN STOKES				
16 CAMPAU CIR NW			_{\$} 50.00	_{\$} 50.00
GRAND RAPIDS, MI 49503			\$ 30.00	\$ 30.00
5. If over \$100.00 cumulative, please prov	ride:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: ELLEN BYLSMA 29 CAMPAU CIR NW GRAND RAPIDS, MI 49503	YES 4. Date of Re	04/13/2024	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please prov	ride:			
Occupation				
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	YES 4. Date of Re	eceipt 04/14/2024		_
Name & Address WALLSON KNACK 34 CAMPAU CIR NW GRAND RAPIDS, MI 49503	_		_{\$} 150.00	_{\$_} 150.00
5. If over \$100.00 cumulative, please prov	vide:			
Occupation RETIRED	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	475.00	
40 07		Grand Total of All Schedules 1A mplete on last page of Schedule)	Enter this total on	
Page 18 of 27			line 3a of Summary Page.	



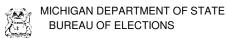
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 0 Name & Address: DAVID RAY	4/15/2024		
127 CAMPAU CIR NW GRAND RAPIDS, MI 49503		_{\$} 100.00	£ 100.00
·		\$ 100100	\$ 100100
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
2001 Holli d portoni	nd Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02 Name & Address	1/15/2024		
PETER STEENSMA			
65 CAMPAU CIR NW		_{\$} 100.00	_s 100.00
NO. 2204		\$ 100100	<u>\$ 100.00</u>
GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:			
•			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fu	und Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 0. Name & Address: MARGARET COLEMAN 42 CAMPAU CIR NW GRAND RAPIDS, MI 49503	4/16/2024	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fi	und Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 0	4/18/2024		
Name & Address ROBERT AZZI 1341 EASTLAWN RD SE GRAND RAPIDS, MI 49506		_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Ful	nd Raiser		
	Page Subtotal	550.00	
Grand T.	otal of All Schedules 1A		
	n last page of Schedule)	Enter this total on	
Page 19 of 27		line 3a of Summary Page.	



1. Committee I.D. Number __2024003

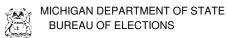
CANDIDATE COMMITTEE

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/19/2024 Name & Address: KARA PELTIER 134 CAMPAU CIR NW GRAND RAPIDS, MI 49503	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/25/2024 Name & Address BENJAMIN GREENE 1935 4 MILE RD NE	_{\$} 25.00	_s 25.00
GRAND RAPIDS, MI 49525	\$ <u></u>	<u>\$ 20:00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/30/2024 Name & Address: CHARLES SECCHIA 5101 SPG RDG DR NE ADA, MI 49301	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation REAL ESTATE Employer SIBSCO		
Business Address 220 LYON ST NW, GRAND RAPIDS, MI 49503		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/2024 Name & Address MICHAEL CAGEN 156 CAMPAU CIR NW GRAND RAPIDS, MI 49503	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,400.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

Page 20 of 27

Page.

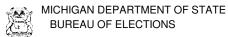


2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independ Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/08/202 Name & Address: CHARLES BURPEE 22 CAMPAU CIR NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUD		_{\$} 250.00	_{\$} 400.00
Business Address Type of Contribution: Direct Employer Employer			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/23/2024 Name & Address GRAND RAPIDS CHAMBER PAC 250 MONROE AVE NW GRAND RAPIDS, MI 49503 5. If over \$100.00 cumulative, please provide:	4	_{\$} 5,000.00	_{\$} 5,000.00
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/27/2020 Name & Address: STEVE PESTKA 2517 ASHWOOD CT SE ADA, MI 49301	4	\$300.00	§ 300.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/28/202 Name & Address THOMAS BYLENGA 1537 HAWTHORNE HILLS DR SE ADA, MI 49301	24	_{\$} 1,000.00	_{\$} _1,000.00
5. If over \$100.00 cumulative, please provide:			
Occupation RETIRED Employer			
Business Address Type of Contribution: Direct Loan from a person Fund Raiser			
Pag	ge Subtotal	6,550.00	
Grand Total of All Scho (Complete on last page of		Enter this total on line 3a of Summary	
Page 21 of 27		Page.	



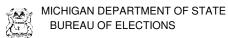
1. Committee I.D. Number _

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/30/2024 Name & Address: J.C. HUIZENGA 3755 36TH ST SE SUITE 100 GRAND RAPIDS, MI 49512 5. If over \$100.00 cumulative, please provide: Occupation EXECUTIVE Employer HUIZENGA GROUP	_{\$} 1,225.00	_{\$} 1,225.00
Business Address Type of Contribution: Direct Direct		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/2024 Name & Address JOHN KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer AUTOCAM MEDICAL		
Business Address 4150 E PARIS AVE SE, KENTWOOD, MI 49512		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/04/2024 NANCY KENNEDY 4150 E PARIS AVE SE KENTWOOD, MI 49512	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/10/2024 Name & Address MARK BISSELL 2840 PIONEER CLUB RD SE GRAND RAPIDS, MI 49506	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer BISSELL, INC		
Business Address 2345 WALKER AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4,900.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total or	
Page 22 of 27	Enter this total on line 3a of Summary Page.	



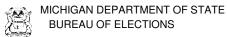
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/11/2024 Name & Address: JIM WILLIAMS 3706 BUTTRICK AVE SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Business Address	_{\$} 700.00	_{\$} 1,200.00
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/2024 Name & Address REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: MICHAEL JANDERNOA 171 MONROE AVE NW, SUITE 410 GRAND RAPIDS, MI 49503	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/2024 Name & Address GAETAN GERVILLE-REACHE 5741 MANCHESTER HILLS DR SE GRAND RAPIDS, MI 49546	_§ 200.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDDLLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	2,625.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 23 of 27	line 3a of Summary Page.	



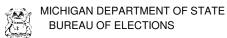
1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/18/2024 Name & Address: LAURA JELTEMA 2220 NEW TOWN DR	150.00	_{\$} 150.00
GRAND RAPIDS, MI 49525	_{\$} 150.00	§ 130.00
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/2024		
Name & Address HEIDI LYON		
4890 WEST VILLAGE TRAIL SE	¢ 250.00	_{\$} 250.00
ADA, MI 49301	Φ	\$ <u></u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/18/2024 Name & Address:		
ANDREA BERNARD	500.00	E00.00
6736 FOREST VALLEY DR SE GRAND RAPIDS, MI 49546	\$ 500.00	_{\$} 500.00
, and the second		
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NOCROSS + JUDD LLP		
Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/20/2024		
Name & Address ———————————————————————————————————		
405 DOGWOOD AVE NE	_{\$} 100.00	200.00
ADA, MI 49301	§ 100.00	\$_ Z 00.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer WARNER NORCORSS + JUDD LLP		
Business Address GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person 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	<u>-</u> 1
Page 24 of 27	Page.	



1. Committee I.D. Number __2024003

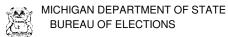
CANDIDATE COMMITTEE

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/24/2024 Name & Address: JOHNNY BRANN 1891 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer KITCHEN 67		
Business Address 1977 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/2024		
REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906	_{\$} 500.00	_{\$_} 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/01/2024 Name & Address: BLAKE KRUEGER 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/01/2024 Name & Address MARY KRUEGER 1595 LARAWAY LAKE DR SE GRAND RAPIDS, MI 49546	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation HOMEMAKER Employer		
Business Address		
Type of Contribution: Direct Loan from a person 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	_1

Page 25 of 27

Page.



1. Committee I.D. Number

2024003

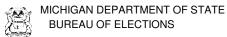
CANDIDATE COMMITTEE

2. Committee Name

DEAN PACIFIC FOR CITY COMMISSION

3. Contribution # 1	Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Occupation OWNER Description Descriptio	Name & Address: JOHN BRANN 7779 TIMBER CANYON DR SE	_{\$} 1,225.00	_{\$} 1,225.00
Name & Address SANDRA BRANN 7779 TIMBER CANYON DR SE ADA, MI 49301 5. If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/02/2024 GORDDON TOERING 1271 ASTRO CT GEORGETOWN TWP, MI 49428 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer PAUL HERWEYER 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer Page Subtotal Complete on last space of Schedule Reployer 2,800.00 Page Subtotal Grand Total of All Schedules 14 (Complete on last space of Schedule)	Occupation OWNER Employer BRANN'S STEAKHOUSE Business Address 401 LEONARD ST NW, GRAND RAPIDS, MI 49504		
Business Address Type of Contribution:	Name & Address SANDRA BRANN 7779 TIMBER CANYON DR SE	_{\$} 1,225.00	_{\$} 1,225.00
3. Contribution # 3	Occupation HOMEMAKER Employer		
Name & Address: GORDON TOERING 1271 ASTRO CT GEORGETOWN TWP, MI 49428 5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY	Type of Contribution:		
Occupation ATTORNEY Business Address 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503 Type of Contribution: □ Direct	Name & Address: GORDON TOERING 1271 ASTRO CT	<u>\$</u> 250.00	_{\$} 250.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/08/2024 Name & Address PAUL HERWEYER 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 2,800.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address PAUL HERWEYER 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Fund Raiser	Occupation ATTORNEY Employer WARNER NORCROSS + JUDD LLP		
Name & Address PAUL HERWEYER 1900 CHERRY RUN CT NW GRAND RAPIDS, MI 49504 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 2,800.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)			
Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal 2,800.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)	Name & Address PAUL HERWEYER 1900 CHERRY RUN CT NW	_{\$} 100.00	_{\$_} 100.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	5. If over \$100.00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser	Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser	Business Address		
Grand Total of All Schedules 1A (Complete on last page of Schedule)			
(Complete on last page of Schedule)	Page Subtotal	2,800.00	_
		Enter this total on	

 $_{\text{Page}}\underline{26}_{\text{ of }}\underline{27}$



1. Committee I.D. Number

2024003

CANDIDATE COMMITTEE

2. Committee Name

DEAN PACIFIC FOR CITY COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/13/2024 Name & Address: RODOLFO GUTIERREZ 2300 RANDALL AVE NW GRAND RAPIDS, MI 49534	_{\$} 150.00	_{\$} 150.00
5. If over \$100.00 cumulative, please provide: Occupation JUVENILE PROBATION OFFICER Employer KENT COUNTY		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address LOREN ANDRULIS 9109 LAKE FIELD CT SE ALTO, MI 49302	\$ 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/17/2024 Name & Address: MICHAEL WAWEE 6650 THORN EDGE CT ROCKFORD, MI 49341	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/18/2024 Name & Address THOMAS BRANN 4157 DIVISION AVE S GRAND RAPIDS, MI 49548	_{\$} 1,225.00	_{\$} 1,225.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER Employer BRANN'S STEAKHOUSE		
Business Address 4157 DIVISION AVE S, GRAND RAPIDS, MI 49548		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1,575.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	63,809.20 Enter this total on	_

 $_{\text{Page}}\underline{27}_{\text{of}}\underline{27}$

line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 2024003

\sim	NIDID	ATE	00848	AITTEE
CA	NDID	AIE	COM	MITTEE

2 Committee Name DEAN PACIFIC FOR CITY COMMISSION

CANDIDATE COMM	IITTEE 2. Committee Name		
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: RUDY MALMQUIST 344 EOLA ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: WEBSITE DESIGNER Employer Name & Business Address: MINDUTOPIA 563 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4.	50.00	_{\$} 50.00
Contribution # 2 PAC Receipt? Yes Name & Address CHARLES BURPEE 22 CAMPAU CIR NW GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer Name & Address: WARNER NORCROSS + JUDD LLP 150 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	4. ☐ Endorsement or Guarantee of Bank Loan ✓ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description FOOD AND BEVERAGE FOR MEET THE CANDIDATE EVENT 5. Date Of Receipt: 04/10/2024 6. Vendor Name & Address:	50.00	150.00
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: RUDY MALMQUIST 344 EOLA ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: WEBSITE DESIGNER Employer Name & Address: MINDUTOPIA 563 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4.	0.00\$	100.00
	Page Subtotal	250.00	150.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 2024003

CA	NΓ	חוו	ΔTF	CON	ЛΜ	ITTEE
\mathbf{v}		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~	COL	VIIVI	

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

CANDIDATE COMIN				
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services very purchased	were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: RUDY MALMQUIST 344 EOLA ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: WEBSITE DESIGNER Employer Name & Business Address: MINDUTOPIA 563 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4. Sendorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO Description PHOTOGRAPHY 5. Date Of Receipt: 07/01/2024 6. Vendor Name & Address:	· <u> </u>	50.00	§ 150.00
Contribution # 2 PAC Receipt? Yes Name & Address RUDY MALMQUIST 344 EOLA ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: WEBSITE DESIGNER Employer Name & Address: MINDUTOPIA 563 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-Loanescription PHOTOGRAPHY 5. Date Of Receipt: 07/03/2024 6. Vendor Name & Address:		0.00	\$ 200.00
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: RUDY MALMQUIST 344 EOLA ST SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: WEBSITE DESIGNER Employer Name & Address: MINDUTOPIA 563 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503 Fund Raiser Contribution	4.	DAN	0.00	250.00
	Page Su	ubtotal	150.00	250.00

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

Enter this total on line 6 of Summary Page

400.00



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

	on mile value	T	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAY PAL		02/12/2024	4.04
FAT FAL	DAY D.:		\$ <u>1.21</u>
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name PAY PAL		02/14/2024	0.00
IAIIAL			\$ 3.38
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST	ι αιρόδο		
SAN JOSE, CA 95131	l <u> </u>		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Experialture #3			
Name PAY PAL		02/16/2024	0.00
. / (1 / 1 🛌	DAY/ DAY ===		\$ 3.38
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131	<u> </u>		
•	Check box if this expenditure is payment of		
Fund Baisar	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name PAY PAL		00/16/0004	
INIINL		02/16/2024	\$ 7.94
Address	Purpose: PAY PAL FEE	Date	7.01
2211 N FIRST ST	Purpose: 1711712122		
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name PAY PAL		00/40/0004	
1 / 1 1 / 1		02/16/2024	\$ 3.48
Address	Purpose: PAY PAL FEE	Date	+ ∪. + ∪
2211 N FIRST ST			
SAN JOSE, CA 95131			
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
L Tana Haboi	statement		
	Subto	tal this page	19.39
	Owend Talel (9)	Cobodular 4D	
	Grand Total of all S (Complete on last page		
	(Complete on last page	on Scriedule)	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

	A B (D i H (i i)	T = D :	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAY PAL		02/16/2024	0.00
INIIAL	DAY DAL 555		\$ <u>3.38</u>
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST	·		
SAN JOSE, CA 95131			
,	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name PAY PAL		02/16/2024	
IAIFAL			\$ 7.94
Addross	Purpose: PAY PAL FEE	Date	
Address	- ruiρose		
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name PAY PAL		00/10/0004	
IAIIAL		02/16/2024	\$ 1.99
Address	Purpose: PAY PAL FEE	Date	·
2211 N FIRST ST	. 3/6000.		
SAN JOSE, CA 95131			
5, 5002, 5, 100101	Charle have if this assessed in the second of		
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name PAY PAL			
FAT FAL		02/16/2024	\$ 3.48
Addross	Purpose: PAY PAL FEE	Date	Ψ υ.πυ
Address	Purpose: 1 / 1 1 / L 1 L L		
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Sund Date of	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name PAV PAI			
Name PAY PAL		02/16/2024	¢ 2 20
Address	Purpose: PAY PAL FEE	Date	\$ <u>3.38 </u>
2211 N FIRST ST	1 uipose		
SAN JOSE, CA 95131			
O/114 000E, O/1 00 10 1	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	20.17
	Casto		۷.۱/
	Grand Total of all S		
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024003

DEAN PACIFIC FOR CITY COMMISSION

2. 0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAY PAL		02/17/2024	. 0.40
IAIIAL			\$ <u>3.48</u>
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST	,		
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Poisor	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name PAY PAL		02/17/2024	0.00
IAIIAL			\$ <u>3.38</u>
Address	Purpose: PAY PAL FEE	Date	· · · · · · · · · · · · · · · · · · ·
2211 N FIRST ST	- I		
SAN JOSE, CA 95131			
3AN 303L, CA 33131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name PAY PAL		02/19/2024	\$ 3.48
A 1.1	Purpose: PAY PAL FEE	Date	₹ 3.40
Address 2211 N FIRST ST	Purpose: I AII ALILL	24.0	
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name PAY PAL			
PAYPAL		02/20/2024	\$ 7.72
Address	Purpose: PAY PAL FEE	Date	Ψ 1.12
2211 N FIRST ST	Purpose: 1711712122		
SAN JOSE, CA 95131	<u> </u>		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name PAY PAL		02/20/2024	
			\$ 2.24
Address	Purpose: PAY PAL FEE	Date	<u>·</u>
2211 N FIRST ST			
SAN JOSE, CA 95131	Charle have if this arm and it was in a second of		
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	tal this page	20.20
	Subiol	Lar tino paye	20.30
	Grand Total of all S	Schedules 1B	
	(Complete on last page	of Schedule)	



1. Committee I. D. Number 2024003

2 Committee Name DEAN PACIFIC FOR CITY COMMISSION

	oninitiee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAY PAL		02/24/2024	\$ 1.79
17(117)	DAV DAL EEE	Date	\$ <u>1.79</u>
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name PAY PAL		02/25/2024	0= 00
IAIIAL			\$ 35.89
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
O/114 000E, 0/1 00101			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name SAM'S CLUB		00/00/0004	
SAIVI S GLUB		02/26/2024	\$ 132.87
Address	Purpose: FOOD AND BEVERAGE FOR CAMPAIGN KICKOFF EVENT	Date	
3901 ALPINE AVE NW			
COMSTOCK PARK, MI 49321			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Name BILLY K CATERING		02/26/2024	005.00
	CATERING FOR CAMPAIGNIZION OF FIVENT	Date	\$ <u>695.00</u>
Address	Purpose:		
1114 ATLANTIC ST NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name PAY PAL		02/26/2024	
Address	Purpose: PAY PAL FEE	Date	\$ 46.26
Address 2211 N FIRST ST	Purpose: 1/11/1/LILL	Daic	
SAN JOSE, CA 95131			
O/114 000L, O/1 30101	Check box if this expenditure is payment of		
C contraction	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	911.81
	Grand Total of all S	Schadulae 10	-
	(Complete on last page		
	(p mer p-mg-	/	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

2. 0	ommittee rame		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
·		02/26/2024	
Name PAY PAL		02/20/2024	\$ 3.48
	Purpose: PAY PAL FEE	Date	· <u> </u>
Address	Purpose: I A I I AL I LL		
2211 N FIRST ST			
SAN JOSE, CA 95131			
•	Objects to the control of the contro		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #2			
Name KNIGHTS OF COLUMBUS/WEST LEONARD BANQUET FACILITY		02/27/2024	400.00
MMAINTO OF GOLDMIDOO/WEST ELON/MID BANGGET FAGILITY			\$ 400.00
	FACILITY RENTAL FOR CAMPAIGN KICKOFF EVENT	Date	
Address	Purpose:		
1140 MUSKEGON AVE NW			
GRAND RAPIDS, MI 49504			
011/11/0 11/11 100, WII 40004			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name DALL DADICELODAL & OLETO			
Name BALL PARK FLORAL & GIFTS		02/27/2024	\$83.74
		Data	\$ <u>00.74</u>
Address	Purpose: FLOWERS FOR CAMPAIGN KICKOFF EVENT	Date	
8 VALLEY AVE NW			
GRAND RAPIDS, MI 49504			
G. a. a. 2 . a. a. 120, 1111 1000 1	l □		
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
—	Statement		
Expenditure #4			
Name PAY PAL		00/07/0004	
FATFAL		02/27/2024	\$ 1.14
	DAV DAL EEE	Date	Ψ <u>1.11</u>
Address	Purpose: PAY PAL FEE		
2211 N FIRST ST			
SAN JOSE, CA 95131			
57 H 1 0 0 0 E , 0 7 1 0 0 1 0 1			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
LI i unu naisei	statement		
Expenditure #5			
Name PAY PAL		02/27/2024	
	DAV DAL EEE		\$ 1.79
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
,	Check box if this expenditure is payment of		
—	debt or obligation reported on previous		
Fund Raiser	statement		
	Cubto	tal this page	100 15
	Subic	nai iiiis paye	490.15
Grand Total of all Schedules 1B			
(Complete on last page of Schedule)			
(complete on last page of confedure)			



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE	02/27/2024 Date	\$ <u>1.36</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name PAY PAL Address 2211 N FIRST ST	Purpose: PAY PAL FEE	02/27/2024 Date	\$ <u>3.08</u>
SAN JOSE, CA 95131	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name PAY PAL Address 2211 N FIRST ST	Purpose: PAY PAL FEE	02/27/2024 Date	\$ <u>1.79</u>
SAN JOSE, CA 95131 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST	Purpose: PAY PAL FEE	02/27/2024 Date	\$ <u>1.14</u>
SAN JOSE, CA 95131	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser	Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement	02/27/2024 Date	\$ <u>6.97</u>
		tal this page	14.34
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

	1 D	T = 5 .	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PAY PAL		02/27/2024	4 70
········ FAT FAL			\$ <u>1.79</u>
Address	Purpose: PAY PAL FEE	Date	<u> </u>
2211 N FIRST ST			
SAN JOSE, CA 95131			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name PAY PAL		02/27/2024	
IAIIAL			\$ 3.95
Address	Purpose: PAY PAL FEE	Date	
Address	Purpose.		
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Painer	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name PAY PAL		00/07/0004	
FATFAL		02/27/2024	\$ 1.1 4
Address	Purpose: PAY PAL FEE	Date	· <u></u>
2211 N FIRST ST	ruipose.		
SAN JOSE, CA 95131			
OAN 000E, OA 33101			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name DAX/ DAI			
Name PAY PAL		02/27/2024	₀ 2 0 4
		Date	\$ <u>2.04</u>
Address	Purpose: PAY PAL FEE		
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
•			
Name PAY PAL		02/28/2024	. 4 00
Address	Purpose: PAY PAL FEE	Date	\$ <u>1.89 </u>
2211 N FIRST ST	ruipose.	_ 0.0	
SAN JOSE, CA 95131	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	10.01
	Subto	ta. tino page	10.81
	Grand Total of all S	Schedules 1B	
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

Expenditure #1 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement San Jose, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement		1 B	T = 5 .	• • •
Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE 93/01/2024 Date \$ 1.94 Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE Purpose:	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE 93/01/2024 Date \$ 1.94 Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE Purpose:	Expenditure #1			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement	Name DAV DAI		03/01/2024	4.04
2211 N FIRST ST SAN JOSE, CA 95131 Gebeck box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	FATFAL	DAY/ DAY 555		\$ <u>1.94 </u>
2211 N FIRST ST SAN JOSE, CA 95131 Gebeck box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	Address	Purpose: PAY PAL FEE	Date	<u> </u>
Glock box if this expenditure is payment of debt or obligation reported on previous statement	2211 N FIRST ST			
Glock box if this expenditure is payment of debt or obligation reported on previous statement	SAN JOSE, CA 95131			
Fund Raiser Expenditure #2 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement #5 Expenditure #5		Chack hav if this expanditure is payment of		
Expenditure #2 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Pay PAL FEE				
Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE Purpose: PAY PAL FEE 314.94 Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE 23/01/2024 Date \$ 73.42 Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE 23/03/03/2024 Date \$ 7.94 Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Fund Raiser			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Purpose: PAY PAL FEE Date	Expenditure #2			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Purpose: PAY PAL FEE Date	Name DAV DAI		03/01/2024	
2211 N FIRST ST SAN JOSE, CA 95131 Gheck box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	IAIIAL			\$ 14.94
2211 N FIRST ST SAN JOSE, CA 95131 Gheck box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	Address	PUTPOSS: PAY PAL FEE	Date	
SAN JOSE, CA 95131 Gebt or obligation reported on previous statement		Purpose.		
Fund Raiser Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE O3/01/2024 \$ 73.42 Date \$ 73.42 Date \$ 73.42 Purpose: PAY PAL FEE Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE O3/08/2024 \$ 7.94 Date \$ 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5				
Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	SAN JOSE, CA 95131			
Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5		Check box if this expenditure is payment of		
Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Fund Deisen			
Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous Furpose: PAY PAL FEE O3/01/2024 Date \$ 73.42 Address 211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Fund Haiser			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE 03/08/2024 Date \$ 7.94 Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Expenditure #3			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE 03/08/2024 Date \$ 7.94 Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Name DAV DAI		00/04/0004	
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE O3/08/2024 Date 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	FATFAL		03/01/2024	\$ 73.42
2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE O3/08/2024 Date \$ 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	Address	Purposo: PAY PAL FEE	Date	<u> </u>
SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5		ruipose.		
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #5 Check box if this expenditure is payment of debt or obligation reported on previous statement 93/08/2024 Date 97.94 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	JAN 100E, OA 33101			
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser Expenditure #5 statement Purpose: PAY PAL FEE O3/08/2024 Date \$ 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement				
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ——————————————————————————————————	Fund Raiser			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Address Purpose: PAY PAL FEE S 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement	Expenditure #4			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Address Purpose: PAY PAL FEE S 7.94 Check box if this expenditure is payment of debt or obligation reported on previous statement	Name DAX/ DAI			
Address 2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	PAY PAL		03/08/2024	o 7 0 1
2211 N FIRST ST SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5			Date	\$ <u>7.94 </u>
SAN JOSE, CA 95131 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5		Purpose: PATPALFEE		
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5	2211 N FIRST ST			
Fund Raiser debt or obligation reported on previous statement Expenditure #5	SAN JOSE, CA 95131			
Fund Raiser debt or obligation reported on previous statement Expenditure #5		Check box if this expanditure is payment of		
Expenditure #5 statement s				
	Fund Raiser			
	Expenditure #5			
	Name PAY PAL		03/09/2024	. 4 00
Address PAY PAL FEE 5 Date \$ 1.99	Address	PAY PAI FFF	Date	\$ <u>1.99 </u>
2211 N FIRST ST		rurpose:	_ 410	
SAN JOSE, CA 95131 Check box if this expenditure is payment of	SAN JUSE, UA 33131	Chock box if this expanditure is neumant of		
debt or obligation reported on previous	_			
Fund Raiser statement	Fund Raiser			
Subtotal this page 100 23		Subto	tal this page	100.00
Subtotal this page 100.23		Subio	ta. tino page	100.23
Grand Total of all Schedules 1B		Grand Total of all S	Schedules 1B	
(Complete on last page of Schedule)		(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		•	
Name PAY PAL		03/09/2024	\$ 3.38
	Purpose: PAY PAL FEE	Date	\$ <u>0.00</u>
Address 2211 N FIRST ST	Purpose: 1/(1//LILL		
SAN JOSE, CA 95131			
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
·		00/40/0004	
Name FIFTH THIRD BANK		03/12/2024	\$ 1.00
Address	Purpose: BANK SERVICE FEE	Date	
111 LYON ST NW			
GRAND RAPIDS, MI 49503			
·	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name DAY DAI			
Name PAY PAL		03/13/2024	\$ 35.89
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name PAY PAL		03/16/2024	
		Date	\$ <u>7.72</u>
Address	Purpose: PAY PAL FEE		
2211 N FIRST ST SAN JOSE, CA 95131			
3AN 303E, OA 93131			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name SWIFT PRINTING		03/20/2024	
Address	Purpose: PRINTING	Date	\$ <u>231.30</u>
404 BRIDGE ST NW	Purpose:	Buto	
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	279.29
		-	2,0.20
	Grand Total of all S (Complete on last page		
		´ L	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		•	
Name PAY PAL		03/21/2024	\$ 3.08
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name PAY PAL		03/23/2024	\$ 3.08
Address	Purpose: PAY PAL FEE	Date	\$ <u>3.00</u>
2211 N FIRST ST			
SAN JOSE, CA 95131			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name UNITED STATES POSTAL SERVICE		03/25/2024	\$ 40.80
Address	Purpose: POSTAGE	Date	10100
1625 WALKER AVE NW			
GRAND RAPIDS, MI 49504	Charle have if this averaged to us is nowment of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name PAY PAL		03/26/2024	
• •	DAV DAL EEE	Date	\$ <u>0.52</u>
Address 2211 N FIRST ST	Purpose: PAY PAL FEE		
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #5	statement		
Name PAY PAL			
PATPAL	DAY DAL EEE	03/27/2024	\$ 32.22
Address 2211 N FIRST ST	Purpose: PAY PAL FEE	Date	<u> </u>
SAN JOSE, CA 95131			
- ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	79.70
	Grand Total of all 3		
	(Complete on last page	e or Schedule)	Enter this total



1. Committee I. D. Number 2024003

2 Committee Name DEAN PACIFIC FOR CITY COMMISSION

Ε, .	Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name NORTHLAND STRATEGIES		04/08/2024	\$ 2,000.00
	Purpose: CONSULTING SERVICES	Date	Ψ 2,000.00
Address 161 OTTAWA AVE NW	Purpose:		
GRAND RAPIDS, MI 49503			
-,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
		0.4/0.0/0.004	
Name PAY PAL		04/09/2024	\$ 32.22
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
, , , , , , , , , , , , , , , , , , , ,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
·			
Name PAY PAL		04/09/2024	\$ 13.44
Address	Purpose: PAY PAL FEE	Date	<u> 10.11</u>
2211 N FIRST ST	1 diposo.		
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name PAY PAL		04/10/2024	
7711712	DAY/ DAY 555	Date	\$ 13.44
Address	Purpose: PAY PAL FEE	Dale	
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name PAY PAL		0.4/4.0/0004	
17(117)	DAY DAL EEE	04/10/2024	\$ 13.44
Address 2211 N FIRST ST	Purpose: PAY PAL FEE	Date	<u> </u>
SAN JOSE, CA 95131			
6/11 000E, 6/1 00101	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u> </u>		tal this page	0.070.54
	Subto	tal this page	2,072.54
	Grand Total of all s		
	(Complete on last page	e of Schedule)	



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser	Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2024 Date	\$ <u>32.22</u>
Expenditure #2 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE	04/12/2024 Date	\$ <u>1.79</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE	04/13/2024 Date	\$ <u>1.14</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE Check box if this expenditure is payment of	04/15/2024 Date	\$ <u>1.14</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131 Fund Raiser	Purpose: PAY PAL FEE Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2024 Date	\$ <u>3.08</u>
		tal this page	39.37
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024003

2 Committee Name DEAN PACIFIC FOR CITY COMMISSION

	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SWIFT PRINTING		04/19/2024	\$ 347.25
Address	Purpose: PRINTING	Date	
404 BRIDGE ST NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name PAY PAL		04/19/2024	\$ 3.08
Address	Purpose: PAY PAL FEE	Date	<u> </u>
2211 N FIRST ST			
SAN JOSE, CA 95131			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name PAY PAL		04/25/2024	
17(117(E	DAV DAL EEE	Date	\$ <u>1.54 </u>
Address 2211 N FIRST ST	Purpose: PAY PAL FEE	Date	
SAN JOSE, CA 95131			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name PAY PAL		04/20/2024	
17(117)L	541/541/555	04/30/2024 Date	\$ 43.24
Address	Purpose: PAY PAL FEE	Dale	
2211 N FIRST ST SAN JOSE, CA 95131			
SAN 303E, CA 93131			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name NORTHLAND STRATEGIES		05/08/2024	
Address	Purpose: CONSULTING SERVICES	Date	\$ <u>1,000.00</u>
161 OTTAWA AVE NW			
GRAND RAPIDS, MI 49503	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
I uno riaisei	statement	tol this as a	4.005.44
		otal this page	1,395.11
	Grand Total of all ((Complete on last page		
	(Ouripiete on last page	, or correduce)	



1. Committee I. D. Number 2024003

DEAN PACIFIC FOR CITY COMMISSION

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name NORTHLAND STRATEGIES		05/16/2024	. 070 10
NOTHIEAND OTTATEGIES	DDINITING	Date	\$ <u>273.1</u> 6
Address	Purpose: PRINTING	Date	
161 OTTAWA AVE NW			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
Name SWIFT PRINTING		06/07/2024	\$ 633.95
	Purpose: PRINTING	Date	Ψ <u>000.00</u>
Address	Purpose:		
404 BRIDGE ST NW			
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name SWIFT PRINTING		06/10/2024	• 1 FCC 11
	DDINTING	Date	\$ <u>1,566.11</u>
Address 404 BRIDGE ST NW	Purpose: PRINTING	Dale	
GRAND RAPIDS, MI 49504			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name CM/ICT DDINITING			
Name SWIFT PRINTING		06/12/2024	\$ 1,122.17
Address	Purpose: PRINTING	Date	Ψ 1,122.17
404 BRIDGE ST NW	Purpose: 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
GRAND RAPIDS, MI 49504			
GHAND HAFIDS, IVII 49304			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
•			
Name CROP MARKS PRINTING		06/17/2024	. 05 4 00
Address	Purpose: YARD SIGNS	Date	\$ <u>954.00</u>
128 COLDBROOK ST NE	r dipose.		
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
	Subto	otal this page	4,549.39
	Grand Total of all S	Schedules 1B	
	(Complete on last page		



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAY PAL Address	Purpose: PAY PAL FEE	06/17/2024 Date	\$ <u>7.47</u>
2211 N FIRST ST SAN JOSE, CA 95131	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Name PAY PAL	Purpose: PAY PAL FEE	06/18/2024 Date	\$ <u>13.44</u>
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: 1/11/12/22		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name PAY PAL	Purpose: PAY PAL FEE	06/18/2024 Date	\$ <u>6.97</u>
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: 1/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name PAY PAL		06/18/2024 Date	\$ 4.38
Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE	Dale	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CROP MARKS PRINTING		06/20/2024	
Address 128 COLDBROOK ST NE GRAND RAPIDS, MI 49503	Purpose: YARD SIGNS	Date	\$ <u>1,113.00</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	tal this page	1,145.26
	Grand Total of all S (Complete on last page		



1. Committee I. D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAY PAL Address 2211 N FIRST ST SAN JOSE, CA 95131	Purpose: PAY PAL FEE Check box if this expenditure is payment of	06/20/2024 Date	\$ <u>3.08</u>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2 Name THE JANT GROUP Address 8111 BELMONT AVE NE	Purpose: YARD SIGNS	06/24/2024 Date	\$ <u>550.00</u>
PLAINFIELD TWP, MI 49306 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name MEDIA PLACE PARTNERS Address 3351 CLAYSTONE ST SE	Purpose: DIGITAL ADVERTISING	06/25/2024 Date	\$ 5,000.00
GRAND RAPIDS, MI 49546 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name HOME DEPOT Address	Purpose:HARDWARE FOR YARD SIGNS	06/30/2024 Date	\$ <u>147.32</u>
2727 ALPINE AVE NW WALKER, MI 49544 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name PAY PAL Address 2211 N FIRST ST	Purpose: PAY PAL FEE	07/02/2024 Date	\$ <u>6.97</u>
SAN JOSE, CA 95131 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	5,707.37
	Grand Total of all S (Complete on last page		



2024003

1. Committee I. D. Number

2 Committee Name DEAN PACIFIC FOR CITY COMMISSION

2.0	ommittee name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OUTFRONT MEDIA		07/03/2024	. 4 700 00
OUTITION WEDIA			\$ 4,796.00
Address	Purpose: OUTDOOR ADVERTISING	Date	
1355 CENTURY AVE SW			
GRAND RAPIDS, MI 49503			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2			
Name SWIFT PRINTING		07/10/2024	° 247 25
	DDINTING	Date	\$ <u>347.25</u>
Address	Purpose: PRINTING	Date	
404 BRIDGE ST NW			
GRAND RAPIDS, MI 49504			
· · · · · · · · · · · · · · · · · · ·	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name FIFTH THIRD BANK		07/11/0001	
FIF I I I I I DAINN		07/11/2024	\$ 10.00
Address	Purpose: BANK SERVICE FEE	Date	
111 LYON ST NW	1 diposo.		
GRAND RAPIDS, MI 49503			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name PAY PAL		07/17/2024	
17(117)			\$ 3.08
Address	Purpose: PAY PAL FEE	Date	
2211 N FIRST ST			
SAN JOSE, CA 95131			
,	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
'			
Name NORTHLAND STRATEGIES		07/18/2024	¢ 6 060 06
Address	Purpose: PRINTING AND POSTAGE	Date	\$ <u>6,968.06</u>
161 OTTAWA AVE NW	- 1		
GRAND RAPIDS, MI 49503			
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		Ī	
	Subto	tal this page	12,124.39
	Grand Total of all ((Complete on last page		28,979.62

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 2024003

2. Committee Name DEAN PACIFIC FOR CITY COMMISSION

	- USE A	SEPARATE SH	EET FOR EACH E	/ENT -	
3. Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Ad	ctivity	6. Address and Name (If any) of t place where the activity was held KNIGHTS OF COLUMBUS/W
02/27/2024	,	125	CAMPAIGN KICKOFF	EVENT	LEONARD BANQUET FACIL 1140 MUSKEGON AVE NW GRAND RAPIDS, MI 49504 Private Residence
7. Total Contributions		3,724.00			
8. Other Receipts		0.00	· · · · · · · · · · · · · · · · · · ·		
9. Gross Receipts (Add lines 7	and 8)	3,724.00	· · · · · · · · · · · · · · · · · · ·		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	1,311.61 and All Expenditures	Made For the Event)		
11. Check if event was a jo	int fund ra	iser and complete the	following:		
Co-Sponsor(s)		Contribution S (%)	split		Expenditure Split (%)
-		-			
	-				
	-				
	_				
The accessive a leave and			au Cabadula fau ac ala fuu		والمراجع والمراجع والمراجع والمحاجب والمحاجب والمحاجب والمراجع والمراجع والمحاجب وال

- 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.

	1		1
Page		of	ı